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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE LOWELL GENERAL HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

295 VARNUM AVENUE

City or town, state or province, country, and ZIP or foreign postal code

LOWELL, MA 018542193

F Name and address of principal officer

JOSEPH WHITE

295 VARNUM AVENUE

LOWELL, MA 018542193

D Employer identification number

04-2103590

E Telephone number

(978) 937-6000

G Gross receipts \$ 573,298,238

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LOWELLGENERAL.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1939

M State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO MEET THE HEALTHCARE NEEDS OF COMMUNITIES SERVED THROUGH THE PROVISION OF INPATIENT AND OUTPATIENT MEDICAL SERVICES TO PROVIDE SERVICES, PROGRAMS AND INITIATIVES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE CITIZENS IN THE AREA, WITH A PARTICULAR FOCUS ON PEOPLE WHO ARE MEDICALLY UNDERSERVED, AT RISK, OR FINANCIALLY DISADVANTAGED

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,080,712

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

\*\*\*\*\*

Signature of officer

2019-08-09

Date

WILLIAM WYMAN SR VP OF FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

BRENDA L BOOTH

Preparer's signature

BRENDA L BOOTH

Date

2019-08-09

Check ☐ if self-employed

PTIN

P01342395

Firm's name ▶ CBIZ MHM LLC

Firm's EIN ▶ 26-3753134

Firm's address ▶ 500 BOYLSTON STREET

Phone no (617) 761-0600

BOSTON, MA 02116

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☒

**1** Briefly describe the organization's mission:

TO MEET THE HEALTHCARE NEEDS OF COMMUNITIES SERVED THROUGH THE PROVISION OF INPATIENT AND OUTPATIENT MEDICAL SERVICES TO PROVIDE SERVICES, PROGRAMS AND INITIATIVES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE CITIZENS IN THE AREA, WITH A PARTICULAR FOCUS ON PEOPLE WHO ARE MEDICALLY UNDERSERVED, AT RISK, OR FINANCIALLY DISADVANTAGED

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<b>4a</b>	(Code )	(Expenses \$ 180,167,563	including grants of \$ 458,789 )	(Revenue \$ 241,949,262 )
See Additional Data				






















<b>4b</b>	(Code )	(Expenses \$ 163,774,625	including grants of \$ )	(Revenue \$ 243,807,491 )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$	including grants of \$ )	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )			
	(Expenses \$	including grants of \$	(Revenue \$ )	

<b>4e</b>	<b>Total program service expenses</b>	<b>343,942,188</b>
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21 Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23 Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29 Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34 Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38 Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	403
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	4,322
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>►</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	20	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	17	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	Yes
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	Yes
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: MA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ▶ WILLIAM WYMAN SR VP OF FINANCE 295 VARNUM AVENUE LOWELL, MA 01854 (978) 937-6034

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2017)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 341

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON CORPORATION 6555 STATE HWY 161 IRVING, TX 75039	MEDICAL SUPPLIES SERVICES	27,818,679
OWENS & MINOR INC 9120 LOCKWOOD BOULEVARD MECHANICSVILLE, VA 23116	MEDICAL SUPPLIES SERVICES	12,438,852
CERNER CORPORATION 2800 ROCKCREEK PARKWAY NORTH KANSAS CITY, MO 64117	INFORMATION SYSTEMS PROVIDER	12,294,664
SODEXO INC & AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	FOOD & FACILITIES SERVICES	5,022,685
NAVIGANT 125 HIGH STREET SUITE 401 BOSTON, MA 02110	ADVISORY SERVICES	4,450,190

Form 990 (2017)



Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Contributions, Gifts, Grants  
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c	740,826		
d	Related organizations	1d	87,308		
e	Government grants (contributions)	1e	1,373,652		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	960,462		
g	Noncash contributions included in lines 1a-1f \$ 214,418				
h	Total. Add lines 1a-1f . . . . .		3,162,248		

Program Service Revenue

	Business Code				
2a	PATIENT SVC REVENUE	621500	470,427,050	471,379,474	-952,424
b					
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f . . . . .		470,427,050		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,255,320		231,627	2,023,693
4	Income from investment of tax-exempt bond proceeds					
5	Royalties . . . . .					
6a	Gross rents	(i) Real	(ii) Personal			
		1,727,442				
b	Less rental expenses	2,239,613				
c	Rental income or (loss)	-512,171				
d	Net rental income or (loss) . . . . .		-512,171		-29,126	-483,045
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		80,480,949				
b	Less cost or other basis and sales expenses	73,531,132	32,347			
c	Gain or (loss)	6,949,817	-32,347			
d	Net gain or (loss) . . . . .		6,917,470			6,917,470
8a	Gross income from fundraising events (not including \$ 740,826 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	867,950			
b	Less direct expenses . . . . .	b	746,703			
c	Net income or (loss) from fundraising events . . . . .		121,247			121,247
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b	Less direct expenses . . . . .	b				
c	Net income or (loss) from gaming activities . . . . .					
10a	Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code				
11a	OTHER REVENUE	621500	14,377,279	14,377,279		
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		14,377,279			
12	Total revenue. See Instructions . . . . .		496,748,443	485,756,753	-749,923	8,579,365

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	458,789	458,789		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,907,863		6,907,863	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	181,657,557	143,028,772	38,210,416	418,369
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,580,668	1,957,462	617,480	5,726
<b>9</b> Other employee benefits.	24,148,527	18,315,851	5,779,082	53,594
<b>10</b> Payroll taxes.	13,722,478	10,408,638	3,283,394	30,446
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	340,900		340,900	
<b>c</b> Accounting.	388,350		388,350	
<b>d</b> Lobbying.	257,940		257,940	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	484,682		484,682	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	36,078,088	23,598,744	12,473,527	5,817
<b>12</b> Advertising and promotion.	1,164,264	535	1,153,532	10,197
<b>13</b> Office expenses.	97,749,712	93,351,659	4,357,797	40,256
<b>14</b> Information technology.	7,345,441	5,988,959	1,312,773	43,709
<b>15</b> Royalties.				
<b>16</b> Occupancy.	9,565,430	6,424,094	3,137,587	3,749
<b>17</b> Travel.	357,429	159,497	197,910	22
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	746,835	437,812	309,010	13
<b>20</b> Interest.	7,952,090		7,952,090	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	22,835,406	19,553,543	3,265,294	16,569
<b>23</b> Insurance.	1,864,319	1,208,819	655,500	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> PHYSICIAN FEES	25,870,267	11,265,430	14,604,837	
<b>b</b> UNCOMPENSATED CARE POOL	6,925,699	6,925,699		
<b>c</b> PROVISION FOR BAD DEBTS	3,646,570		3,646,570	
<b>d</b> TEMP RESTRICTED MISC EX	1,810,337	853,776	956,561	
<b>e</b> All other expenses	1,220,645	4,109	764,291	452,245
<b>25</b> Total functional expenses. Add lines 1 through 24e.	456,080,286	343,942,188	111,057,386	1,080,712
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		43,124,417	<b>1</b>	46,085,184
	<b>2</b>	Savings and temporary cash investments . . . . .		16,928,133	<b>2</b>	19,086,979
	<b>3</b>	Pledges and grants receivable, net . . . . .		1,895,993	<b>3</b>	2,009,974
	<b>4</b>	Accounts receivable, net . . . . .		70,102,636	<b>4</b>	66,149,741
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		8,336,924	<b>8</b>	7,913,066
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		2,824,767	<b>9</b>	2,536,133
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	476,142,918		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	249,275,248		
				241,083,930	<b>10c</b>	226,867,670
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		79,891,670	<b>12</b>	76,984,000
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		35,353,415	<b>15</b>	41,364,587	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		499,541,885	<b>16</b>	488,997,334	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		95,660,622	<b>17</b>	92,059,339
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		146,810,995	<b>20</b>	142,581,101
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		19,446,224	<b>24</b>	16,540,077
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		77,263,774	<b>25</b>	76,825,443
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		339,181,615	<b>26</b>	328,005,960
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		149,957,793	<b>27</b>	151,081,636
	<b>28</b>	Temporarily restricted net assets . . . . .		5,656,206	<b>28</b>	5,040,949
	<b>29</b>	Permanently restricted net assets . . . . .		4,746,271	<b>29</b>	4,868,789
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		160,360,270	<b>33</b>	160,991,374
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		499,541,885	<b>34</b>	488,997,334

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	496,748,443
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	456,080,286
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	40,668,157
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	160,360,270
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,276,206
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-33,760,847
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	160,991,374

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 04-2103590  
**Name:** THE LOWELL GENERAL HOSPITAL

Form 990 (2017)

**Form 990, Part III, Line 4a:**

LGH'S OUTPATIENT AND ANCILLARY SERVICES INCLUDE EMERGENCY DEPARTMENT (LEVEL III TRAUMA SERVICES), IMAGING/RADIOLOGY (INCLUDING MRI, CT, ULTRASOUND, MAMMOGRAPHY), LABORATORY, CARDIAC TESTING AND CATHETERIZATION, ENDOSCOPY, SURGERY, REHABILITATION THERAPIES, RADIATION ONCOLOGY AND CHEMOTHERAPY, AND A NUMBER OF OTHER SERVICES NEEDED TO SUPPORT INPATIENT AND OUTPATIENT CARE OUTPATIENT STATISTICSEMERGENCY ROOM VISITS 99,225OUTPATIENT VISITS 426,400OUTPATIENT SURGERIES 10,782RADIATION TREATMENTS 12,815

**Form 990, Part III, Line 4b:**

THE LOWELL GENERAL HOSPITAL'S PRIMARY SERVICE AREA ("PSA") IS COMPRISED OF THE FOLLOWING NINE COMMUNITIES BILLERICA, CHELMSFORD, DRACUT, DUNSTABLE, LOWELL, TEWKSBURY, TYNGSBORO AND WESTFORD, MASSACHUSETTS, AND PELHAM, NEW HAMPSHIRE, WITH A TOTAL OF APPROXIMATELY 291,000 RESIDENTS THE HOSPITAL'S SECONDARY SERVICE AREA ("SSA") HAS A POPULATION OF ALMOST 340,000 AND INCLUDES THE SURROUNDING MUNICIPALITIES OF ANDOVER, CARLISLE, GROTON, LAWRENCE, LITTLETON, METHUEN, NORTH ANDOVER, PEPPERELL AND WILMINGTON, MASSACHUSETTS, AND HOLLIS, HUDSON AND NASHUA, NEW HAMPSHIRE THE HOSPITAL OFFERS THE LATEST TECHNOLOGY AND A FULL RANGE OF MEDICAL, SURGICAL AND CRITICAL CARE SERVICES FOR PATIENTS, FROM NEWBORNS TO SENIORS IT IS CURRENTLY LICENSED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH TO OPERATE A TOTAL OF 434 ACUTE CARE BEDS (301 ADULT MEDICAL/SURGICAL, 29 INTENSIVE CARE, 40 PEDIATRIC, 26 OBSTETRICAL, 10 LEVEL IIB SPECIAL CARE NURSERY BASSINETS AND 28 WELL-NEWBORN BASSINETS) INPATIENT STATISTICSINPATIENT ADMISSIONS 21,586 DELIVERIES 2,216OBSERVATION STAYS 5,382PATIENT DAYS 87,876SURGERIES 3,775

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL J MANSUR ESQ ..... CLERK	1 00 ..... 3 00	X		X				0	0	0
RAYMOND ANSTISS JR ..... VICE CHAIR	1 00 ..... 1 00	X		X				0	0	0
GARY CAMPBELL ..... CHAIR	1 00 ..... 1 00	X		X				0	0	0
JOHN CARSON ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
JACK CLANCY ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
MARK COCHRAN ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
GOPALA DWARAKANATH MD ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
WILLIAM GALVIN MD ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
GEORGE MELTSAKOS MD ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
TUSHAR PATEL MD ..... BOARD MEMBER	1 00 ..... 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LUIS PEDROSO ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
NAOMI PRENDERGAST ..... BOARD MEMBER	1 00 ..... 2 00	X						0	0	0
BRUCE ROBINSON ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
DAVID WALLACE ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
SUSAN GREEN ..... SENIOR VP & CFO & TREAS - THE LGH	35 00 ..... 15 00	X		X				548,314	234,992	23,026
JOSEPH WHITE ..... PRESIDENT - THE LGH	48 00 ..... 2 00	X		X				1,235,164	0	17,941
WILLIAM WYMAN ..... SR VP OF FINANCE/TREAS /ASST CLERK	46 00 ..... 4 00	X		X				278,771	0	17,895
SHAMIM DAHOD MD ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
MICHAEL DUBUQUE ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
BOPHA MALONE ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SABRINA GRANVILLE ..... CHRO	30 00 ..... 20 00				X			222,986	148,657	23,026
AMY HOEY ..... CHIEF OPERATING OFFICER	50 00 ..... 0 00				X			683,329	0	23,026
CECELIA LYNCH ..... CNO	50 00 ..... 0 00				X			365,844	0	23,026
GERALDINE VAUGHAN ..... SVP OF NETWORK INTEGRATION	50 00 ..... 0 00				X			326,545	0	21,701
MICHELLE DAVIS ..... VP EXTERNAL AFFAIRS	25 00 ..... 25 00				X			120,310	120,310	22,958
WENDY MITCHELL ..... MEDICAL DIR COMMUNITY HOME	50 00 ..... 0 00					X		300,306	0	21,126
EMILY YOUNG ..... DIRECTOR OF HEALTHCARE OPS	50 00 ..... 0 00					X		249,964	0	18,353
YISHIS REN ..... CHIEF MEDICAL PHYSICIST	50 00 ..... 0 00					X		242,146	0	16,466
RAMYA PRABHAKAR ..... PHYSICIAN	50 00 ..... 0 00					X		273,448	0	21,835
JAMES WOOLMAN ..... DIRECTOR ACO PERFORMANCE MGMT	50 00 ..... 0 00					X		211,348	0	14,713



<b>SCHEDULE A</b> (Form 990 or 990EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047
		<b>2017</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> THE LOWELL GENERAL HOSPITAL	<b>Employer identification number</b> 04-2103590

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			



Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 04-2103590  
Name: THE LOWELL GENERAL HOSPITAL

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
**www.irs.gov/form990.**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE LOWELL GENERAL HOSPITAL	<b>Employer identification number</b> 04-2103590
---------------------------------------------------------	-----------------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		257,940
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total Add lines 1c through 1i			257,940
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1(G), DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS,	GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY A PORTION OF THE HOSPITAL'S MASSACHUSETTS HOSPITAL ASSOCIATION (MHA) DUES SUPPORTS LOBBYING ACTIVITIES THE MHA WORKS ON BEHALF OF THE INDUSTRY TO INFLUENCE MATTERS OF IMPORTANCE TO MASSACHUSETTS HEALTHCARE

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
THE LOWELL GENERAL HOSPITAL

Employer identification number  
04-2103590

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . . ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	77,572,133	69,687,775	63,685,872	65,774,190	61,856,837
<b>b</b> Contributions . . . . .	16,191	19,850	10,148	10,489	42,029
<b>c</b> Net investment earnings, gains, and losses	8,139,178	978,039	1,050,057	1,015,170	12,130,352
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	9,705,803	-6,886,469	-4,941,698	3,113,977	8,255,028
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	76,021,699	77,572,133	69,687,775	63,685,872	65,774,190

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as**a** Board designated or quasi-endowment ▶ 96.250 %**b** Permanent endowment ▶ 3.750 %**c** Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by**(i)** unrelated organizations . . . . .**(ii)** related organizations . . . . .**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		5,377,764		5,377,764
<b>b</b> Buildings . . . . .		299,899,592	132,082,965	167,816,627
<b>c</b> Leasehold improvements		4,498,143	2,752,039	1,746,104
<b>d</b> Equipment . . . . .		160,736,058	111,818,083	48,917,975
<b>e</b> Other . . . . .		5,631,361	2,622,161	3,009,200
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				226,867,670

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,445,000	F
(B) CERTIFICATES OF DEPOSIT	-11,203,000	F
(C) MARKETABLE EQUITY SECURITIES	11,556,000	F
(D) MUTUAL FUNDS	75,186,000	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	76,984,000	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER ASSETS	26,906,676
(2) DUE FROM AFFILIATES	14,457,911
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	41,364,587

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE OBLIGATIONS	12,176,669
ACCRUED PENSION EXPENSE	40,622,436
OTHER LONG-TERM LIABILITIES	18,272,042
DUE TO AFFILIATES	5,754,296
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	76,825,443

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2017



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	494,894,103
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-6,276,206
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	5,798,154
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-478,052
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	495,372,155
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	484,682
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	891,606
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,376,288
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	496,748,443

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	494,262,999
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	39,605,887
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	39,605,887
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	454,657,112
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	484,682
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	938,492
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,423,174
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	456,080,286

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2103590  
**Name:** THE LOWELL GENERAL HOSPITAL

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	<p>THE HOSPITAL CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF THE GIFTS DONATED TO THE PERMANENT ENDOWMENT WHEN EXPLICIT DONOR STIPULATIONS REQUIRING PERMANENT MAINTENANCE OF THE HISTORICAL FAIR VALUE ARE PRESENT, AND (B) THE ORIGINAL VALUE OF THE SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT WHEN EXPLICIT DONOR STIPULATIONS REQUIRING PERMANENT MAINTENANCE OF THE HISTORICAL FAIR VALUE ARE PRESENT THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND COMPRISED OF ACCUMULATED GAINS NOT REQUIRED TO BE MAINTAINED IN PERPETUITY IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE IN A MANNER CONSISTENT WITH THE DONOR'S STIPULATIONS THE HOSPITAL CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS DURATION AND PRESERVATION OF THE FUND, PURPOSES OF THE DONOR-RESTRICTED ENDOWMENT FUNDS, GENERAL ECONOMIC CONDITIONS, THE POSSIBLE EFFECT OF INFLATION AND DEFLATION, THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, OTHER RESOURCES OF THE HOSPITAL, AND THE INVESTMENT POLICIES OF THE HOSPITAL</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE 2,239,613 SPECIAL EVENT EXPENSE 746,703 NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 1,955,430 NET ASSETS RELEASED FROM RESTRICTIONS USED FOR CAPITAL 856,408

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -46,886 PHILANTHROPY EXPENSES NETTED WITH CONTRIBUTIONS 938,492

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE 746,703 TRANSFERS TO AFFILIATES 16,600,422 NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 1,955,430 NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 856,408 RENTAL EXPENSE 2,239,613 CONTRIBUTIONS TO NON-CONTROLLED AFFILIATES 1,000,000 PROVISION FOR UNCOLLECTIBLE ACCOUNTS- PATIENTS 16,207,311

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PHILANTHROPY EXPENSES NETTED WITH CONTRIBUTIONS 938,492

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
THE LOWELL GENERAL HOSPITAL

Employer identification number  
04-2103590

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>TEAM WALK FOR CANCER CARE</b> (event type)	<b>BALL</b> (event type)	<b>1</b> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	832,285	427,651	348,840	1,608,776
	<b>2</b> Less Contributions . . . . .	500,000	82,000	158,826	740,826
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	332,285	345,651	190,014	867,950
Direct Expenses	<b>4</b> Cash prizes . . . . .	1,085	4,736	1,008	6,829
	<b>5</b> Noncash prizes . . . . .	8,428			8,428
	<b>6</b> Rent/facility costs . . . . .	53,550	162,765	97,715	314,030
	<b>7</b> Food and beverages . . . . .	582			582
	<b>8</b> Entertainment . . . . .	23,590	7,900		31,490
	<b>9</b> Other direct expenses . . . . .	190,738	104,065	90,541	385,344
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				746,703
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				121,247

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
Direct Expenses	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury

Name of the organization  
THE LOWELL GENERAL HOSPITAL

Employer identification number  
04-2103590

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,375,741	2,451,520	7,924,221	1 740 %
b Medicaid (from Worksheet 3, column a)			1,923,576		1,923,576	0 420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			12,878,891		12,878,891	2 820 %
d Total Financial Assistance and Means-Tested Government Programs			25,178,208	2,451,520	22,726,688	4 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,307,485	23,470	1,284,015	0 280 %
f Health professions education (from Worksheet 5)			1,244,736	12,600	1,232,136	0 270 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			360,626	86,667	273,959	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			795,467	82,000	713,467	0 160 %
j Total. Other Benefits			3,708,314	204,737	3,503,577	0 770 %
k Total. Add lines 7d and 7j			28,886,522	2,656,257	26,230,265	5 750 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			593,305		593,305	0 130 %
<b>9</b> Other			199,992		199,992	0 040 %
<b>10 Total</b>			793,297		793,297	0 170 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	16,207,311	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>	1,001,612	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	102,949,145
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	120,040,181
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-17,091,036
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**2**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

THE LOWELL GENERAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.LOWELLGGENERAL.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>WWW.LOWELLGGENERAL.ORG</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

THE LOWELL GENERAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW LOWELLGENERAL ORG</u>			
<b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW LOWELLGENERAL ORG</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

THE LOWELL GENERAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input checked="" type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

THE LOWELL GENERAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **19**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H-PART I	PART I, LINE 6A & B THE ORGANIZATION PREPARES A COMMUNITY BENEFIT REPORT EVERY YEAR THE COMMUNITY BENEFIT ANNUAL REPORT IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST PART I, LINE 7 THE COST ALLOCATION IS BASED OFF THE FY2018 TOTAL PATIENT CARE EXPERIENCE (NOT INCLUDING BAD DEBT AND LESS THE MEDICAID PROVIDER TAX) DIVIDED BY GROSS PATIENT SERVICE REVENUE THIS PERCENTAGE IS APPLIED TO THE SPECIFIC LINE ITEMS TO REFLECT THE MOST ACCURATE COST CALCULATION

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>INFORMATION FOR THE NEEDS ASSESSMENT WAS COLLECTED FROM MULTIPLE SOURCES, IN THREE DIFFERENT WAYS (1) FOCUS GROUPS, (2) KEY INFORMANT INTERVIEWS, AND (3) A REVIEW OF PUBLICLY COLLECTED HEALTH AND DEMOGRAPHIC STATISTICS FROM THE MASSCHIP DATABASE THERE WERE 16 FOCUS GROUPS WITH A TOTAL OF 167 PARTICIPANTS THE FOCUS GROUPS WERE CONDUCTED IN ENGLISH, KHMER, SPANISH, PORTUGUESE AND OTHER LANGUAGES, AS NEEDED THE UNIVERSITY OF MASSACHUSETTS LOWELL CONDUCTED THREE KEY INFORMANT INTERVIEWS THE LOWELL GENERAL HOSPITAL HAS A CLOSE WORKING RELATIONSHIP THAT INCLUDES FINANCIAL SUPPORT TO LOWELL COMMUNITY HEALTH CENTER (LCHC) WHICH SERVES THE LOW-INCOME, MEDICALLY UNDERSERVED POPULATION, MANY OF WHOM HAVE NO OTHER ACCESS TO HEALTHCARE SERVICES THE MAJORITY OF PATIENTS SERVED BY LCHC HAVE MASSHEALTH, ANOTHER 10% HAVE PRIVATE HEALTH INSURANCE OR HMO COVERAGE, 7% HAVE MEDICARE, AND 20% ARE UNINSURED, AND 95% LIVE AT OR BELOW THE POVERTY LEVEL ALMOST HALF OF LCHC'S PATIENT POPULATION IS UNDER 18 YEARS OF AGE, AND THE MAJORITY OF WOMEN ARE IN THEIR CHILDBEARING YEARS IN 2007, 37% OF PATIENTS WERE WHITE/NON-HISPANIC, 28% WERE LATINO, 27% WERE ASIAN (PRIMARILY CAMBODIANS) AND 8% WERE AFRICAN IMMIGRANTS ALMOST 60% OF PATIENTS WERE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH SOME OF THE MAJOR SERVICES THAT LCHC PROVIDES ARE - CARINO, WHICH PROVIDES SPECIAL CARE FOR PATIENTS WITH HIV/AIDS, PROMOTORAS PROGRAMS, WHICH ARE TRAINED COMMUNITY HEALTH WORKERS AND VOLUNTEERS WHO SPEAK SPANISH AND/OR PORTUGUESE AND GO THROUGH AN INTENSIVE TRAINING WITH LCHC STAFF ON SPECIFIC HEALTH TOPICS TO EDUCATE THE COMMUNITY, LCHC TEEN COALITION AND ADOLESCENT HEALTH PROGRAM, WHICH COVERS EVERYTHING FROM MENTAL HEALTH AND SELF-ESTEEM ISSUES AMONG GIRLS TO EDUCATING AND INVOLVING YOUTH IN SUBSTANCE ABUSE PREVENTION AND A JOURNEY TO HEALING PROGRAM FOR REFUGEE CHILDREN AND CHILDREN OF REFUGEES WITHOUT THE LOWELL GENERAL'S FINANCIAL SUPPORT TO LCHC'S PENSION AND WORKER'S COMPENSATION PROGRAM, MANY OF THESE PROGRAMS WOULD NOT HAVE ADEQUATE FUNDING THE HEALTH AND DEMOGRAPHIC DATA AVAILABLE WITHIN THE GREATER LOWELL AREA WAS THOROUGHLY INVESTIGATED, FOCUSING SUBSTANTIALLY ON THE ISSUES OR PROBLEMS INDICATED FROM THE PERSONAL AND FOCUS GROUP INTERVIEWS, AS WELL AS THE PUBLIC HEALTH DATA AND STATISTICS</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2	<p>THE BAD DEBT EXPENSE AMOUNT DETAILED ON LINE 2 IS BASED ON THE COST TO CHARGE RATIO CALCULATED FROM THE MEDICARE COST REPORT REGARDING THE RATIONALE FOR INCLUDING THE AMOUNT ON LINE 3 AS CHARITY CARE, THE HOSPITAL PROVIDES AN ESTIMATE OF HOW MUCH IS ATTRIBUTABLE TO PERSONS WHO WOULD NORMALLY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICIES, BUT HAVE NOT TAKEN ADVANTAGE OF THE FINANCIAL ASSISTANCE THAT IS AVAILABLE TO THEM CURRENTLY THROUGH MANUAL PROCESSES IT IS IMPOSSIBLE TO SCREEN EVERY PATIENT TO MAKE AN INCOME STATUS DETERMINATION FOR QUALIFICATION TO THE HOSPITAL'S CHARITY PROGRAM UNDER A PRESUMPTIVE CHARITY POLICY THESE INDIVIDUALS THAT DO NOT SEEK OUT CHARITY PROGRAMS ARE OFTEN UNDERINSURED OR LOW INCOME AND DO NOT NECESSARILY CONSIDER THE BENEFIT OF THE PROCESS OF SUBMITTING AN APPLICATION TO THE HOSPITAL THE HOSPITAL CONTINUES TO PROVIDE CARE TO THOSE INDIVIDUALS THAT HAVE A HISTORY OF POOR CREDIT WITH THE FACILITY AND NEED MEDICALLY NECESSARY SERVICES AS WE UNDERSTAND THAT THE ABILITY FOR THE COMMUNITY TO SEEK OUT QUALITY MEDICAL SERVICES IS OF THE UTMOST IMPORTANCE AND EXTENDS OUR CHARITABLE BENEFIT TO THE COMMUNITY WE BELIEVE THAT HAD THE QUALIFICATION PROCESS TAKEN PLACE THIS BAD DEBT WOULD BE CLASSIFIED IN THE CHARITY CARE OF THE HOSPITAL SINCE THE QUALIFICATION PROCESS HAS NOT BEEN PERFORMED WE PROPERLY REPORT THIS AS BAD DEBT AS THE ACTUAL COST TO OUR HOSPITAL</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3	<p>THE BAD DEBT EXPENSE AMOUNT DETAILED ON LINE 2 IS BASED ON THE COST TO CHARGE RATIO CALCULATED FROM THE MEDICARE COST REPORT REGARDING THE RATIONALE FOR INCLUDING THE AMOUNT ON LINE 3 AS CHARITY CARE, THE HOSPITAL PROVIDES AN ESTIMATE OF HOW MUCH IS ATTRIBUTABLE TO PERSONS WHO WOULD NORMALLY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICIES, BUT HAVE NOT TAKEN ADVANTAGE OF THE FINANCIAL ASSISTANCE THAT IS AVAILABLE TO THEM CURRENTLY THROUGH MANUAL PROCESSES IT IS IMPOSSIBLE TO SCREEN EVERY PATIENT TO MAKE AN INCOME STATUS DETERMINATION FOR QUALIFICATION TO THE HOSPITAL'S CHARITY PROGRAM UNDER A PRESUMPTIVE CHARITY POLICY THESE INDIVIDUALS THAT DO NOT SEEK OUT CHARITY PROGRAMS ARE OFTEN UNDERINSURED OR LOW INCOME AND DO NOT NECESSARILY CONSIDER THE BENEFIT OF THE PROCESS OF SUBMITTING AN APPLICATION TO THE HOSPITAL THE HOSPITAL CONTINUES TO PROVIDE CARE TO THOSE INDIVIDUALS THAT HAVE A HISTORY OF POOR CREDIT WITH THE FACILITY AND NEED MEDICALLY NECESSARY SERVICES AS WE UNDERSTAND THAT THE ABILITY FOR THE COMMUNITY TO SEEK OUT QUALITY MEDICAL SERVICES IS OF THE UTMOST IMPORTANCE AND EXTENDS OUR CHARITABLE BENEFIT TO THE COMMUNITY WE BELIEVE THAT HAD THE QUALIFICATION PROCESS TAKEN PLACE THIS BAD DEBT WOULD BE CLASSIFIED IN THE CHARITY CARE OF THE HOSPITAL SINCE THE QUALIFICATION PROCESS HAS NOT BEEN PERFORMED WE PROPERLY REPORT THIS AS BAD DEBT AS THE ACTUAL COST TO OUR HOSPITAL</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	<p>THE ORGANIZATION'S PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS DESCRIBED ON PAGE 16 AND 17 OF THE AUDITED FINANCIAL STATEMENTS ATTACHED THE FOLLOWING IS EXCERPTED FROM THAT FOOTNOTE THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF OPERATIONS REFLECTS THE CHARGES AT ESTABLISHED RATES FOR SERVICES PROVIDED TO THOSE INDIVIDUALS WHO DO NOT QUALIFY FOR CHARITY CARE UNDER THE GUIDELINES DESCRIBED ABOVE, BUT WHO ARE OTHERWISE UNABLE OR UNWILLING TO PAY THE SYSTEM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS OF APPROXIMATELY \$46,480,000 AND \$31,664,000, RESPECTIVELY FOR THE YEAR ENDED SEPTEMBER 30, 2018 AND FOR THE PERIOD FROM JANUARY 1, 2017 (DATE OF INCEPTION) THROUGH SEPTEMBER 30, 2017 REPRESENTS CHARGES FOR SERVICES PROVIDED THAT ARE DEEMED UNCOLLECTIBLE THE ESTIMATED COST OF PROVIDING THESE SERVICES WAS APPROXIMATELY \$19,186,000 AND \$14,158,000, RESPECTIVELY, FOR THE YEAR ENDED SEPTEMBER 30, 2018 AND FOR THE PERIOD FROM JANUARY 1, 2017 (DATE OF INCEPTION) THROUGH SEPTEMBER 30, 2017 SUCH COSTS HAVE BEEN ESTIMATED BASED ON RATIOS OF EXPENSES TO ESTABLISHED PATIENT SERVICE CHARGES ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND HISTORIC PAYMENT TRENDS AND RECORDS ESTIMATED CONTRACTUAL ALLOWANCES THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILLS FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNTS ACTUALLY COVERED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE AMOUNTS THE SYSTEM'S ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR ALL PATIENTS INCREASED FROM 17% OF ACCOUNTS RECEIVABLE AS OF SEPTEMBER 30, 2017 TO 21% OF ACCOUNTS RECEIVABLE AS OF SEPTEMBER 30, 2018 IN ADDITION, THE SYSTEM'S WRITE-OFFS, NET OF RECOVERIES, WERE \$39,165,000 AND \$19,413,000, RESPECTIVELY, FOR THE YEAR ENDED SEPTEMBER 30, 2018, AND FOR THE PERIOD FROM JANUARY 1, 2017 (DATE OF INCEPTION) TO SEPTEMBER 30, 2017 THE CHANGES WERE A RESULT OF MANAGEMENT'S REVIEW OF HISTORICAL TRENDS IN UNCOLLECTIBLE ACCOUNTS AND DETERMINATION OF RESERVES, INCLUDING THE IMPACT OF THE PROVISIONS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT THE SYSTEM HAS NOT CHANGED ITS CHARITY CARE OR UNINSURED DISCOUNT POLICIES DURING 2018 THE SYSTEM DOES NOT MAINTAIN A MATERIAL ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FROM THIRD-PARTY PAYORS, NOR DID IT HAVE SIGNIFICANT BAD DEBT WRITE-OFFS FROM THIRD PARTY PAYORS</p>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THERE WAS A DECLINE IN MEDICARE VOLUME FOR BOTH INPATIENT AND OUTPATIENT COMPARING FISCAL YEARS ALSO CONTRIBUTING WAS A DECREASE IN THE MEDICARE INPATIENT BASE RATE WHICH WOULD EXPLAIN THE LOWER REVENUE IN FY'18

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	<p>THERE ARE TWO DISTINCTIONS THAT ARE MADE FOR PATIENTS THAT ARE CONSIDERED EITHER LOW INCOME BY DEFINITION OF THE STATE OF MASSACHUSETTS ELIGIBILITY PROGRAM OR UNDER THE HOSPITAL'S INTERNAL FINANCIAL ASSISTANCE PROGRAM FOR CHARITY CARE IF THE PATIENT IS DEEMED TO BE LOW INCOME BY THE STATE OF MASSACHUSETTS, ALL COLLECTION EFFORTS ARE CEASED ON PRIOR AND CURRENT BALANCE ACCOUNTS WHERE APPROPRIATE, ACCOUNTS WILL BE WRITTEN OFF TO HOSPITAL CHARITY FOR THOSE ACCOUNTS THAT EXCEED THE RETROACTIVE LOOK BACK PERIOD FOR PATIENTS WHO QUALIFY FOR THE HOSPITAL'S INTERNAL FINANCIAL ASSISTANCE PROGRAM, THE PROGRAM WILL QUALIFY THE PATIENT FOR MEDICALLY NECESSARY SERVICES FOR THE PERIOD OF ONE YEAR IN WHICH THE ACCOUNT ACTIVITY OF THE PATIENT WILL BE WRITTEN OFF TO THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND REPORTED AS CHARITY CARE ALL COLLECTION ACTIVITIES ON PRIOR BALANCE ACCOUNTS CEASES AT THE POINT OF THIS QUALIFICATION FINANCIAL COUNSELORS WORK CLOSELY WITH PATIENTS TO MONITOR THEIR CURRENT FINANCIAL STATUS TO DETERMINE ANY CHANGES IN QUALIFICATIONS FOR BOTH THE STATE AND HOSPITAL PROGRAMS</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>ON BEHALF OF LOWELL GENERAL HOSPITAL, UNIVERSITY OF MASSACHUSETTS LOWELL (UML) AND THE GREATER LOWELL HEALTH ALLIANCE (GLHA), A TEAM OF UMASS LOWELL RESEARCHERS AND STUDENTS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT STUDY TO DISTINGUISH THE UNMET MEDICAL AND PUBLIC HEALTH NEEDS WITHIN THE GREATER LOWELL COMMUNITY. THE GEOGRAPHIC AREA ASSESSED INCLUDED THE COMMUNITIES OF LOWELL, BILLERICA, CHELMSFORD, DRACUT, DUNSTABLE, TEWKSBURY, TYNGSBOROUGH AND WESTFORD. THE STUDY HAD SEVERAL OBJECTIVES, WHICH WERE TO ASSESS THE OVERALL HEALTH OF AREA RESIDENTS, IDENTIFY THE STRENGTHS AND WEAKNESSES OF THE LOCAL HEALTHCARE SYSTEM, DETERMINE THE TOP HEALTH PROBLEMS FACING AREA RESIDENTS AND THE POPULATIONS AT GREATEST RISK, INVOLVE A BROAD SPECTRUM OF PROFESSIONALS AND RESIDENTS, INCLUDING NEWER IMMIGRANT COMMUNITIES, PROVIDE RECOMMENDATIONS TO IMPROVE THE HEALTHCARE SYSTEM AND ADDRESS UNMET HEALTH NEEDS, AND INFORM THE PROCESS TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP ACTION PLANS TO ADDRESS THESE PRIORITY NEEDS. INFORMATION FOR THE NEEDS ASSESSMENT WAS COLLECTED FROM MULTIPLE SOURCES, IN THREE DIFFERENT WAYS: (1) FOCUS GROUPS, (2) KEY INFORMANT INTERVIEWS, AND (3) A REVIEW OF PUBLICLY COLLECTED HEALTH AND DEMOGRAPHIC STATISTICS FROM THE MASSCHIP DATABASE. THERE WERE 14 FOCUS GROUPS WITH A TOTAL OF 113 PARTICIPANTS-MAJORITY WERE CONDUCTED IN ENGLISH, BUT CAMBODIAN COMMUNITY GROUP WAS CONDUCTED IN KHMER AND THE LATINO GROUP IN ENGLISH. THE UNIVERSITY OF MASSACHUSETTS LOWELL CONDUCTED SIX KEY INFORMANT INTERVIEWS. MORE THAN 50 GREATER LOWELL PROFESSIONALS PARTICIPATED IN THE FOCUS GROUPS AND PERSONAL INTERVIEWS - INCLUDING SCHOOL NURSES, HOSPITAL EXECUTIVES, TOWN MANAGERS AND LOCAL HEALTH DEPARTMENT DIRECTORS, AS WELL AS INDIVIDUALS REPRESENTING THE COUNCILS OF AGING, SKILLED NURSING FACILITIES AND VARIOUS COMMUNITY-BASED ORGANIZATIONS. THESE INDIVIDUALS WERE ASKED TO SPEAK TO THE STRENGTHS AND WEAKNESSES OF THE AREA'S HEALTH SYSTEM AND SUGGEST CHANGES TO IMPROVE IT. THE HEALTH AND DEMOGRAPHIC DATA AVAILABLE WITHIN THE GREATER LOWELL AREA WAS THOROUGHLY INVESTIGATED, FOCUSING SUBSTANTIALLY ON THE ISSUES OR PROBLEMS INDICATED FROM THE PERSONAL AND FOCUS GROUP INTERVIEWS, AS WELL AS THE PUBLIC HEALTH DATA AND STATISTICS. THESE DATA INDICATED THAT THE GREATER LOWELL AREA SAW A DOUBLING OF THE RATE OF MENTAL HEALTH HOSPITALIZATIONS BETWEEN 1989 AND 2006. IN ADDITION, LOWELL HAS SEEN INCREASES IN PROBLEMATIC ALCOHOL CONSUMPTION AND OPIATE-RELATED MORTALITY. THE EXPERIENCE IN THE LOWELL AREA WAS ALSO COMPARED, AS APPROPRIATE, WITH THE STATEWIDE EXPERIENCE. IN SO DOING, WE FOUND THAT THE USE OF EMERGENCY DEPARTMENT SERVICES IN LOWELL IS 39% HIGHER THAN THE STATE AVERAGE IN MOST RECENT DATA AVAILABLE, 2002 THROUGH 2005. WHEN RELIABLE INFORMATION WAS AVAILABLE, WE ADDITIONALLY EXAMINED THE COMPARATIVE EXPERIENCE OF DIFFERENT DEMOGRAPHIC SUBGROUPS. THE MORTALITY RATE AMONG ASIAN-AMERICANS IN THE GREATER LOWELL AREA, FOR EXAMPLE, WAS NEARLY TWICE AS HIGH AS THE MASSACHUSETTS AVERAGE FOR THIS GROUP. IN ADDITION TO PROVIDING SUPPLEMENTAL INFORMATION ON HEALTHCARE CONCERNS VOICED BY VARIOUS STUDY RESPONDENTS, THE DATA ANALYSIS ALSO INDICATED OTHER IMPORTANT FINDINGS, MOST IMPORTANTLY, THAT THE PROPORTION OF INDIVIDUALS IN LOWELL WITHOUT HEALTH INSURANCE INCREASED SUBSTANTIALLY BETWEEN 2000 AND 2008. THE NEXT COMMUNITY HEALTH NEEDS ASSESSMENT WILL BE COMPLETED IN 2019.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	<p>FOR THOSE PATIENTS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WORKS WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL PROVIDES ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE BILLS THAT ARE SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSPITAL. IN ADDITION TO GENERAL NOTICES, THERE ARE INFORMATIONAL BROCHURES AVAILABLE IN ACCESS AREAS AND DURING THE PROCESS OF REGISTRATION ANYONE THAT INDICATES THEY ARE HAVING TROUBLE PAYING THEIR BILLS OR WHO ARE UNINSURED ARE PROVIDED WITH A BUSINESS CARD THAT IDENTIFIES HOW TO CONTACT A PATIENT FINANCIAL COUNSELOR. ALL SIGNS AND NOTICES ARE TRANSLATED INTO LANGUAGES OTHER THAN ENGLISH IF SUCH LANGUAGE IS SPOKEN BY 10% OR MORE OF THE POPULATION RESIDING IN THE HOSPITAL SERVICE AREA. CURRENTLY, THE HOSPITAL TRANSLATES THE NOTICES INTO THE FOLLOWING LANGUAGES - SPANISH, PORTUGUESE, AND KHMER. THE HOSPITAL TRIES TO IDENTIFY AVAILABLE COVERAGE OPTIONS FOR PATIENTS WHO MAY BE UNINSURED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM WHEN THE PATIENT IS SCHEDULING THEIR SERVICES, WHILE THE PATIENT IS IN THE HOSPITAL, UPON DISCHARGE, AND FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM THE HOSPITAL. THE HOSPITAL PATIENT ACCESS STAFF DIRECTS ALL PATIENTS SEEKING AVAILABLE COVERAGE OPTIONS OR FINANCIAL ASSISTANCE TO THE HOSPITAL'S PATIENT FINANCIAL COUNSELING OFFICE TO DETERMINE IF THEY ARE ELIGIBLE AND THEN TO SCREEN FOR ELIGIBILITY IN AN APPROPRIATE COVERAGE OPTION. THE HOSPITAL ASSISTS THE PATIENT IN APPLYING FOR THE APPROPRIATE COVERAGE OPTIONS THAT ARE AVAILABLE OR NOTIFY THEM OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM.</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE CITY OF LOWELL WAS FOUNDED IN 1820 AS A PLANNED INDUSTRIAL COMMUNITY ALONG THE BANKS OF THE MERRIMACK RIVER WHOSE ECONOMY WAS BASED ON TEXTILE MANUFACTURING. BY THE 1850'S, IT HAD BECOME THE LARGEST INDUSTRIAL CENTER IN THE UNITED STATES AND THE SECOND LARGEST CITY IN NEW ENGLAND. MUCH OF THE POPULATION GROWTH IN LOWELL WAS ATTRIBUTABLE TO IMMIGRATION, WHICH NEW RESIDENTS COMING FROM MANY PARTS OF EUROPE AND FRENCH-SPEAKING CANADA, CREATING AN ETHNICALLY DIVERSE COMMUNITY. DURING THIS PERIOD, LOWELL SERVED AS A REGIONAL ECONOMIC ENGINE, PROVIDING GOODS AND SERVICES TO THE SURROUNDING COMMUNITIES, WHICH RETAINED A LARGE LY AGRICULTURAL ECONOMY INTO THE EARLY 1900'S. BY THE 1920'S, HOWEVER, LOWELL HAD GONE INTO ECONOMIC DECLINE AS THE U.S. TEXTILE INDUSTRY MOVED SOUTH, AND BY THE END OF THE 1950'S ALL OF THE TEXTILE MILLS HAD CLOSED. IN THE 1970'S, WANG LABORATORIES LOCATED ITS HEADQUARTERS IN THE CITY AND SPURRED A TEMPORARY ECONOMIC REVIVAL, WHICH COLLAPSED WHEN THE COMPANY FILED FOR BANKRUPTCY IN 1992. WHILE THE URBAN CORE HAS BEEN REDEVELOPED AS A RESIDENTIAL COMMUNITY, WITH FORMER TEXTILE MILLS BEING REHABILITATED AS CONDOMINIUMS AND APARTMENTS, LOWELL LACKS A STRONG INDUSTRIAL BASE. IN A LARGE MEASURE, THE EMERGENCE OF A HIGH TECHNOLOGY AND BIOMEDICAL ECONOMIC BASE IN EASTERN MASSACHUSETTS COINCIDED WITH A DECENTRALIZATION OF DEVELOPMENT AND URBAN PLANNING, WITH MANY NEW BUSINESSES LOCATING OUTSIDE CITY CENTERS, ALONG TRANSPORTATION CORRIDORS (E.G., ROUTES 128 AND 495). WHILE LOWELL STILL PROVIDES REGIONAL SERVICES NOT AVAILABLE IN THE SMALLER COMMUNITIES - HEALTHCARE, EDUCATION AND ENTERTAINMENT - MUCH OF THE AREA'S RECENT JOB GROWTH HAS COME FROM THE HIGH TECHNOLOGY SECTOR IN NEARBY TOWNS SUCH AS BILLERICA, CHELMSFORD, TEWKSBURY AND WESTFORD. IN THE 1980'S, THE CITY OF LOWELL WAS DESIGNATED AS A REFUGEE AND RESETTLEMENT AREA FOR CAMBODIANS IN THE WAKE OF THE ATROCITIES COMMITTED BY THE KHMER ROUGE REGIME. TODAY, LOWELL IS HOME TO THE SECOND LARGEST CAMBODIAN POPULATION WITHIN THE U.S. IN ADDITION, MANY OF THE AMENITIES THAT HAD SERVED PREVIOUS GENERATIONS OF LOWELL IMMIGRANTS, SUCH AS PLENTIFUL RENTAL HOUSING AND A HIGH GEOGRAPHIC DENSITY OF RETAIL BUSINESSES AND SERVICES CONTINUE TO ATTRACT IMMIGRANTS. IN THE 2000 CENSUS, MORE THAN ONE IN FIVE LOWELL RESIDENTS WAS FOREIGN BORN. CONTRASTED WITH THE PREDOMINANTLY NORTHERN AND WESTERN EUROPEAN IMMIGRATION DURING THE CITY'S MANUFACTURING HEYDAY, RECENT FIGURES SHOW THAT THE FOREIGN BORN IN LOWELL TODAY HAVE MORE DIVERSE ORIGINS. IN 2000, APPROXIMATELY HALF OF ALL LOWELL IMMIGRANTS WERE ASIAN, NEARLY A QUARTER FROM LATIN AMERICA, 16 PERCENT FROM EUROPE (WITH MANY ARRIVING FROM PORTUGAL), AND APPROXIMATELY SIX PERCENT FROM AFRICA. WITH THEIR ARRIVAL, THESE IMMIGRANTS HAVE ALSO ALTERED THE SERVICE ENVIRONMENT, WITH SOME HEALTHCARE FACILITIES, NOTABLY THE LOWELL COMMUNITY HEALTH CENTER, ADAPTING THEIR SERVICES TO ACCOMMODATE INDIVIDUALS WITH IDIOSYNCRATIC CULTURAL AND HEALTH NEEDS, AS WELL AS PROVIDING SERVICES IN AN INCREASING NUMBER OF LANGUAGES. IMMIGRANTS ARRIVING IN LOWELL TODAY ARE GREETED WITH A STARKLY DIFFERENT ECONOMIC REALITY THAN THOSE ARRIVING DURING THE INDUSTRIAL REVOLUTION. THERE ARE ESSENTIALLY NO MANUFACTURING JOBS REMAINING IN LOWELL, AND THE MAJORITY OF JOBS IN THE NEW HIGH TECHNOLOGY SECTOR REQUIRE A COLLEGE EDUCATION. AS A RESULT, MOST JOBS AVAILABLE TO NEW IMMIGRANTS WITHOUT AN ADVANCED EDUCATION ARE SERVICE JOBS, MANY OF WHICH DO NOT PAY A LIVING WAGE. GREATER LOWELL'S DEMOGRAPHIC PROFILE FROM THE MASSACHUSETTS EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT, AS OF DECEMBER 2016 INDICATES A 4.2% UNEMPLOYMENT RATE COMPARED TO 3.8% FOR THE STATE OF MASSACHUSETTS. HOWEVER, IT IS WORTH NOTING THAT LOWELL, MASSACHUSETTS, WHICH REPRESENTS APPROXIMATELY 39% OF THE POPULATION IN LOWELL GENERAL HOSPITAL'S SERVICE AREA, HAS 19% OF THE POPULATION LIVING BELOW POVERTY AND AN EMPLOYMENT RATE THAT HAS BEEN AT OR ABOVE 8% FOR THE PAST 12 MONTHS. THE COMMUNITIES SURROUNDING LOWELL HAVE ATTRACTED FAR FEWER IMMIGRANTS, WITH IMMIGRANTS ACCOUNTING FOR JUST THREE TO SEVEN PERCENT OF THEIR POPULATIONS. OF THE SUBURBAN COMMUNITIES IN THE GREATER LOWELL AREA, ONLY WESTFORD HAS A HIGHER PROPORTION FOREIGN BORN (12.6%), BUT THESE IMMIGRANTS ARE PREDOMINANTLY WELL EDUCATED AND DRAWN TO THE TOWN'S HIGH TECHNOLOGY JOBS. WHILE LOWELL IS NO LONGER THE ECONOMIC CENTER THAT IT ONCE WAS, LOWELL IS STILL A CULTURAL AND INSTITUTIONAL CENTER FOR THE REGION. IT IS HOME TO THE UNIVERSITY OF MASSACHUSETTS LOWELL, MIDDLESEX COMMUNITY COLLEGE AND THE LOWELL NATIONAL HISTORICAL PARK, AS WELL AS LOWELL GENERAL HOSPITAL, SUPERIOR AND DISTRICT COURTS, THE MERRIMACK REPERTORY THEATER, THE LOWELL MEMORIAL AUDITORIUM, THE TSONGAS CENTER AND LALACHEUR STADIUM. IN 2010, THE GREATER LOWELL AREA, AS DEFINED HEREIN, HAD A POPULATION OF 275,000 RESIDENTS, INCLUDING AN ESTIMATED 106,000 PEOPLE IN THE CITY OF LOWELL ALONE. THUS, THE CITY OF LOWELL ITSELF ACCOUNTS FOR LESS THAN 50 PERCENT</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>OF THE AREA'S POPULATION FOUR OTHER COMMUNITIES - BILLERICA, CHELMSFORD, DRACUT AND TEWK SBURY - EACH HAVE A POPULATION OF NEARLY 30,000 OR MORE WE ALSO SEE THAT THE CITY OF LOWE LL DIFFERS FROM ITS SUBURBAN NEIGHBORS IN IMPORTANT RESPECTS - A GREATER PERCENTAGE NON-HI SPANIC WHITE, A GREATER PERCENTAGE FOREIGN BORN AND A HIGHER POVERTY RATE LOWELL GENERAL H OSPITAL'S PRIMARY SERVICE AREA (PSA) IS COMPRISED OF APPROXIMATELY 300,000 RESIDENTS FROM THE FOLLOWING NINE COMMUNITIES BILLERICA, CHELMSFORD, DRACUT, DUNSTABLE, LOWELL, TEWKSBUR Y, TYNGSBOROUGH, WESTFORD, AND PELHAM, NEW HAMPSHIRE THE HOSPITAL'S SECONDARY SERVICE ARE A (SSA) HAS A POPULATION OF APPROXIMATELY 371,000 AND INCLUDES THE SURROUNDING TOWNS OF AN DOVER, CARLISLE, GROTON, LAWRENCE, LITTLETON, METHUEN, NORTH ANDOVER, PEPPERELL, WILMINGTO N, AND HOLLIS, HUDSON AND NASHUA, NEW HAMPSHIRE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>LOWELL GENERAL HOSPITAL PARTICIPATES IN COMMUNITY BUILDING ACTIVITIES IN MANY WAYS TO HELP IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. WE RECOGNIZE THE IMPORTANCE OF ACCESS TO CARE TO HELP MEET THIS NEED, LOWELL GENERAL HOSPITAL EVALUATES THE AVAILABILITY OF PRIMARY CARE AND SPECIALISTS TO OUR COMMUNITY MEMBERS AND ACTIVELY RECRUITS PHYSICIANS TO FILL GAPS. THESE GAPS OFTEN INCLUDE RECRUITMENT OF MULTI-LINGUAL PHYSICIANS AND THOSE WHO HAVE SPECIALTIES IN IDENTIFIED HEALTH NEEDS FOR OUR COMMUNITY. LOWELL GENERAL PROVIDES BOTH FINANCIAL AND PRACTICE MANAGEMENT SUPPORT TO THESE PHYSICIANS. THIS ENHANCES THE COMMUNITIES' ABILITY TO ACCESS EXCELLENT PRIMARY AND SPECIALTY CARE IN A LOCAL SETTING. LOWELL GENERAL HOSPITAL HAS A CLOSE WORKING RELATIONSHIP THAT INCLUDES FINANCIAL SUPPORT TO LOWELL COMMUNITY HEALTH CENTER (LCHC) WHICH SERVES THE LOW-INCOME, MEDICALLY UNDERSERVED POPULATION, MANY OF WHOM HAVE NO OTHER ACCESS TO HEALTHCARE SERVICES. THE MAJORITY OF PATIENTS SERVED BY LCHC HAVE MASSHEALTH, ANOTHER 10% HAVE PRIVATE HEALTH INSURANCE OR HMO COVERAGE, 7% HAVE MEDICAID, AND 20% ARE UNINSURED, AND 95% LIVE AT OR BELOW THE POVERTY LEVEL. ALMOST HALF OF LCHC'S PATIENT POPULATION IS UNDER 18 YEARS OF AGE, AND THE MAJORITY OF WOMEN ARE IN THEIR CHILD-BEARING YEARS. IN 2007, 37% OF PATIENTS WERE WHITE/NON-HISPANIC, 28% WERE LATINO, 27% WERE ASIAN (PRIMARILY CAMBODIANS) AND 8% WERE AFRICAN IMMIGRANTS. ALMOST 60% OF PATIENTS WE'RE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH. SOME OF THE MAJOR SERVICES THAT LCHC PROVIDES ARE - CARINO, WHICH PROVIDES SPECIAL CARE FOR PATIENTS WITH HIV/AIDS, PROMOTORA PROGRAMS, WHICH ARE TRAINED COMMUNITY HEALTH WORKERS AND VOLUNTEERS WHO SPEAK SPANISH AND/OR PORTUGUESE AND GO THROUGH AN INTENSIVE TRAINING WITH LCHC STAFF ON SPECIFIC HEALTH TOPICS TO EDUCATE THE COMMUNITY, LCHC TEEN COALITION AND ADOLESCENT HEALTH PROGRAM, WHICH COVERS EVERYTHING FROM MENTAL HEALTH AND SELF-ESTEEM ISSUES AMONG GIRLS TO EDUCATING AND INVOLVING YOUTH IN SUBSTANCE ABUSE PREVENTION AND A JOURNEY TO HEALING PROGRAM FOR REFUGEE CHILDREN AND CHILDREN OF REFUGEES. WITHOUT LOWELL GENERAL'S FINANCIAL SUPPORT TO LCHC'S PENSION AND WORKER'S COMPENSATION PROGRAM, MANY OF THESE PROGRAMS WOULD NOT HAVE ADEQUATE FUNDING. THE HOSPITAL DEDICATES EXTENSIVE RESOURCES THROUGHOUT THE ORGANIZATION IN ITS COMMITMENT TO THE COMMUNITY BENEFIT PROGRAM. THE BOARD OF DIRECTORS, IN PARTNERSHIP WITH THE SENIOR MANAGEMENT TEAM AND THE PLANNING AND RESEARCH DEPARTMENT, CREATED A FORMAL STRUCTURE TO SUPPORT THE HOSPITAL'S OUTREACH INTO THE COMMUNITY, DEDICATING RESOURCES AND INVESTING IN A THREE-PRONGED APPROACH THROUGH THE CREATION OF THREE MAJOR INITIATIVES: THE CENTER FOR COMMUNITY HEALTH &amp; WELLNESS, THE GREATER LOWELL HEALTH ALLIANCE, AND THE HEALTH BALL FOR COMMUNITY HEALTH INITIATIVES, WHICH IS NOW KNOWN AS THE CIRCLE HEALTH BALL FOR COMMUNITY HEALTH INITIATIVES. CENTER FOR COMMUNITY HEALTH &amp; WELLNESS: THE CENTER FOR COMMUNITY HEALTH &amp; WELLNESS (CCHW) WAS CREATED IN 2006 TO MEET THE EVER-CHANGING HEALTHCARE NEEDS THROUGHOUT GREATER LOWELL. PROGRAMS AND EVENTS ARE CREATED BY THE STAFF TO ADDRESS UNMET PUBLIC HEALTH NEEDS INCLUDING, PHYSICAL ACTIVITY, NUTRITION, MENTAL HEALTH, PREVENTION, AND OVERALL HEALTH AND WELLNESS. MANY OF THESE PROGRAMS TARGET OUR COMMUNITY'S UNDERSERVED AND VULNERABLE POPULATIONS, INCLUDING CHILDREN, ELDERLY, AND IMMIGRANTS. TODAY, OUR CENTER FOR COMMUNITY HEALTH AND WELLNESS PLANS AND SUPPORTS MORE THAN 50 EVENTS ANNUALLY, INCLUDING HEALTH FAIRS AND COMMUNITY SCREENINGS, AND PROVIDES MORE THAN 15 SUPPORT GROUPS. IN ADDITION, WE PARTICIPATE IN 15-20 COMMITTEES AND COALITIONS IN THE GREATER LOWELL AREA, SUCH AS THE ASTHMA COALITION OF GREATER LOWELL, CITY MANAGER'S DOMESTIC VIOLENCE TASK FORCE, THE SUBSTANCE USE AND PREVENTION TASK FORCE, LOWELL'S EARLY CHILDHOOD ADVISORY COUNCIL, AND THE MENTAL HEALTH TASK FORCE. OUR LEADERSHIP ROLE IN THESE INITIATIVES ENABLES US TO INCREASE COMMUNITY BUILDING AND CAPACITY, BROADENING THE IMPACT OF OUR REACH. RESPONDING TO THE NEEDS AND FEEDBACK OF OUR COMMUNITY, WE ALSO IMPLEMENTED A CORPORATE WELLNESS PROGRAM, WHICH PROVIDES OUTSIDE CORPORATIONS WITH SCREENINGS, INNOVATIVE PROGRAMS AND HEALTH INFORMATION TO IMPROVE THEIR EMPLOYEES' HEALTH AND WELLBEING. IN 2008, THE HOSPITAL'S CHILDBIRTH EDUCATION DEPARTMENT MOVED UNDER THE LEADERSHIP OF THE CENTER FOR COMMUNITY HEALTH &amp; WELLNESS, CENTRALIZING ALL PREVENTION AND WELLNESS PROGRAMMING FOR THE COMMUNITY. UNDER THE DIRECTION OF CCHW, THE CHILD BIRTH EDUCATION DEPARTMENT HAS GROWN IN NUMBER OF ATTENDEES AND PROGRAMS OFFERED. GREATER LOWELL HEALTH ALLIANCE: AS THE CENTER FOR COMMUNITY HEALTH &amp; WELLNESS THRIVED, OUR RESEARCH INDICATED THAT THE SCOPE OF THE REGION'S HEALTHCARE NEEDS REQUIRED RESOURCES AND COLLABORATION BEYOND THOSE THAT COULD BE PROVIDED BY A SINGLE INSTITUTION. THIS FINDING LED LOWELL GENERAL HOSPITAL TO CREATE THE GREATER LOWELL HEALTH ALLIANCE (GLHA), AN INDEPENDENT NON-PROFIT ALLIANCE WITH A MISSION TO SUSTAIN A STRATEGY.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>IC ALLIANCE OF COMMUNITY ORGANIZATIONS THAT IMPROVES THE OVERALL HEALTH AND WELLNESS OF THOSE LIVING IN THE GREATER LOWELL REGION BY RAISING AWARENESS AND PROVIDING RESOURCES FOR OUR HEALTH CARE PROVIDERS, COMMUNITIES, SCHOOLS AND CIVIC AND BUSINESS LEADERS, WE EMPOWER THEM TO MAKE DECISIONS AND TAKE ACTIONS THAT WILL LEAD TO AN IMPROVEMENT IN THE OVERALL HEALTH OF OUR COMMUNITIES. A MAJOR GOAL OF THE GLHA IS TO REDUCE DUPLICATION OF EFFORTS. THEREFORE, IN 2008 GLHA MERGED WITH THE COMMUNITY HEALTH NETWORK AREA (CHNA). 10, A COALITION OF PUBLIC, NON-PROFIT AND PRIVATE SECTORS CREATED BY THE DEPARTMENT OF PUBLIC HEALTH IN 1992. THE UNIFICATION OF THE TWO ORGANIZATIONS STRENGTHENED OUR ABILITY TO WORK WITH OTHERS TO ENRICH THE GREATER LOWELL COMMUNITY, NETWORK AND SHARE IDEAS WITH PEOPLE OF SIMILAR INTEREST IN BUILDING A HEALTHIER GREATER LOWELL COMMUNITY, GAIN MORE KNOWLEDGE ABOUT HEALTH-RELATED ISSUES AND TOPICS, AND INCREASE CULTURAL COMPETENCY OF THE SERVICES PROVIDED TO THE COMMUNITY. SINCE 2006, GLHA HAS GROWN FROM 13 PARTICIPATING ORGANIZATIONS TO MORE THAN 100, AND FROM ONE TASK FORCE (HEALTHY WEIGHT) TO FIVE (SUBSTANCE USE &amp; PREVENTION, MENTAL HEALTH, CULTURAL COMPETENCE, HEALTHY EATING &amp; LIVING, AND MATERNAL CHILD HEALTH). LOWELL GENERAL HOSPITAL CONTINUES TO PROVIDE LEADERSHIP AND FINANCIAL SUPPORT TO THE GLHA. THE CIRCLE HEALTH BALL FOR COMMUNITY HEALTH INITIATIVES WITH THE GROWING NEED FOR COMMUNITY HEALTH PROGRAMS AND SUPPORT CAME THE NEED FOR ADDITIONAL FUNDING TO SUPPORT THEM. LOWELL GENERAL HOSPITAL DEVELOPED THE ANNUAL "LGH BALL FOR COMMUNITY HEALTH INITIATIVES", NOW KNOWN AS THE CIRCLE HEALTH BALL, TO RAISE AWARENESS AND FUNDS FOR COMMUNITY OUTREACH AND EDUCATION. IN THE PAST SEVEN YEARS, LOWELL GENERAL HOSPITAL HAS RAISED MORE THAN \$600,000 FOR COMMUNITY INITIATIVES, INCLUDING THE HEALTHY BABIES INITIATIVE, A BREASTFEEDING EDUCATION AND SUPPORT PROGRAMS FOR NEW MOMS, THE "BEDS FOR KIDS" PROGRAM OF THE LOWELL WISH PROJECT, WHICH PROVIDES NEW BEDS AND BEDDING FOR AT-RISK CHILDREN IN THE CITY, A PUBLIC SERVICE CAMPAIGN TO PROMOTE MENTAL HEALTH AWARENESS AND RESOURCES, THE "HEART AND SOLES" MALL WALKING PROGRAM, AN OUTDOOR RIVER PATH WALKING PROGRAM, A CHILDREN'S LITERACY PROGRAM, A SMOKING PREVENTION PROGRAM IN THE LOWELL PUBLIC SCHOOLS, AND A COMPREHENSIVE HEALTH RISK ASSESSMENT PROGRAM. IN 2017, THE CIRCLE HEALTH BALL RAISED MORE THAN \$97,000 TO HELP FUND VITAL HEALTH AND WELLNESS PROGRAMS WHICH BENEFIT RESIDENTS OF THE GREATER LOWELL COMMUNITY. FIVE LOCAL NON-PROFITS WERE AWARDED COMMUNITY HEALTH INITIATIVE GRANTS FOR 2017. THEY WERE THE LOWELL TRANSITIONAL LIVING CENTER, PHEASANT LANE WALKING PROGRAM, UNITED TEAM EQUALITY CENTER, HABITAT FOR HUMANITY AND THE INTERNATIONAL INSTITUTE OF BOSTON. LOWELL GENERAL HOSPITAL IS DEDICATED TO THE PROMOTION OF THE HEALTH IN THE COMMUNITY BY PROVIDING EDUCATIONAL OPPORTUNITIES FOR LOCAL SENIOR CENTERS, HOSTING QUARTERLY BLOOD DRIVES IN PARTNERSHIP WITH THE AMERICAN RED CROSS, RUNNING ANNUAL FOOD DRIVES TO BENEFIT THE LOCAL FOOD BANKS, AND PARTICIPATING IN COUNTLESS HEALTH FAIRS WHERE WE PROVIDE VALUABLE HEALTH PROMOTION INFORMATION AND OFTEN PROVIDE FREE HEALTH SCREENINGS.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MEMBERS AND OFFICERS OF LOWELL GENERAL HOSPITAL ARE ACTIVELY SERVING ON THE BOARDS OF MANY LOCAL COMMUNITY AREA AGENCIES AND AS HEADS OF THE GREATER LOWELL HEALTH ALLIANCE IN 2012, LOWELL GENERAL HOSPITAL OFFICIALLY BECAME A MEMBER OF CIRCLE HEALTH CIRCLE HEALTH IS A PROGRESSIVE COLLABORATION OF PHYSICIANS, HOSPITALS, OTHER HEALTH PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS WITH A SHARED VISION FOR EMPOWERING PEOPLE AND COMMUNITIES TO BE THE HEALTHIEST THEY CAN BE WITH OUR INNOVATIVE PROGRAMS AND APPROACH TO CARE MANAGEMENT, OUR PROMISE TO YOU IS AN EXPERIENCE OF COMPLETE CONNECTED CARESM CIRCLE HEALTH IS ABOUT SUPPORTING COMMUNITIES WITH A COMPREHENSIVE RANGE OF SERVICES SO THAT INDIVIDUALS HAVE EASY ACCESS TO THE EXPERTISE AND RESOURCES THEY NEED IN ORDER TO ACHIEVE THE BEST POSSIBLE HEALTH THROUGHOUT THEIR LIVES</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MA

**Schedule H (Form 990) 2017**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2103590  
**Name:** THE LOWELL GENERAL HOSPITAL

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	THE LOWELL GENERAL HOSPITAL 275-319 VARNUM AVENUE LOWELL, MA 01854	X						X	X	ALSO DESIGNATED AS A TRAUMA CENTER	A
2	THE LOWELL GENERAL HOSPITAL 1-2 HOSPITAL DRIVE LOWELL, MA 01852	X						X			A

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 THE LOWELL GENERAL HOSPITAL, - FACILITY 2 THE LOWELL GENERAL HOSPITAL

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE LOWELL GENERAL HOSPITAL PART V, SECTION B, LINE 3J	LOWELL GENERAL HOSPITAL COMPLETES A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS INFORMATION FOR THE NEEDS ASSESSMENT WAS COLLECTED FROM MULTIPLE SOURCES, IN THREE DIFFERENT WAYS (1) FOCUS GROUPS, (2) KEY INFORMANT INTERVIEWS, AND (3) A REVIEW OF PUBLICLY COLLECTED HEALTH AND DEMOGRAPHIC STATISTICS FROM THE MASS CHIP DATABASE THERE WERE 16 FOCUS GROUPS WITH A TOTAL OF 167 PARTICIPANTS THE FOCUS GROUPS WERE CONDUCTED IN ENGLISH, KHMER, SPANISH, PORTUGUESE AND OTHER LANGUAGES, AS NEEDED THE UNIVERSITY OF MASSACHUSETTS LOWELL CONDUCTED THREE KEY INFORMANT INTERVIEWS
THE LOWELL GENERAL HOSPITAL PART V, SECTION B, LINE 5	INFORMATION FOR THE NEEDS ASSESSMENT WAS COLLECTED FROM MULTIPLE SOURCES, IN THREE DIFFERENT WAYS (1) FOCUS GROUPS, (2) KEY INFORMANT INTERVIEWS, AND (3) A REVIEW OF PUBLICLY COLLECTED HEALTH AND DEMOGRAPHIC STATISTICS FROM THE MASSCHIP DATABASE THERE WERE 16 FOCUS GROUPS WITH A TOTAL OF 167 PARTICIPANTS THE FOCUS GROUPS WERE CONDUCTED IN ENGLISH, KHMER, SPANISH, PORTUGUESE AND OTHER LANGUAGES, AS NEEDED THE UNIVERSITY OF MASSACHUSETTS LOWELL CONDUCTED THREE KEY INFORMANT INTERVIEWS ALL PARTICIPANTS IN THE FOCUS GROUPS AND KEY INFORMANT INTERVIEWS INDICATED THAT PROVIDERS AND AGENCIES IN LOWELL COLLABORATE WELL, ESPECIALLY LOWELL GENERAL HOSPITAL AND LOWELL COMMUNITY HEALTH CENTER THEY ALSO ACKNOWLEDGED STRONG COLLABORATION BETWEEN COMMUNITIES, AGENCIES AND PROVIDERS SOME FELT THAT LOWELL AND LOWELL AREA SERVICES HAVE A "GOOD PUBLIC HEALTH APPROACH " THE COMMUNITY FOCUS GROUPS ALSO FELT THAT GOOD ATTENTION TO DIVERSE COMMUNITIES, OUTREACH AT COMMUNITY EVENTS, GOOD PREVENTION PROGRAMS, AND STRONG SERVICES FOR IMMIGRANTS, REFUGEES, AND THE HOMELESS AT LCHC WERE ALL STRENGTHS OF THE HEALTHCARE SYSTEM MORE THAN 50 GREATER LOWELL PROFESSIONALS PARTICIPATED IN THE FOCUS GROUPS AND PERSONAL INTERVIEWS - INCLUDING SCHOOL NURSES, HOSPITAL EXECUTIVES, TOWN MANAGERS AND LOCAL HEALTH DEPARTMENT DIRECTORS, AS WELL AS INDIVIDUALS REPRESENTING THE COUNCILS OF AGING, SKILLED NURSING FACILITIES AND VARIOUS COMMUNITY-BASED ORGANIZATIONS THESE INDIVIDUALS WERE ASKED TO SPEAK TO THE STRENGTHS AND WEAKNESSES OF THE AREA'S HEALTH SYSTEM AND SUGGEST CHANGES TO IMPROVE IT THE HEALTH AND DEMOGRAPHIC DATA AVAILABLE WITHIN THE GREATER LOWELL AREA WAS THOROUGHLY INVESTIGATED, FOCUSING SUBSTANTIALLY ON THE ISSUES OR PROBLEMS INDICATED FROM THE PERSONAL AND FOCUS GROUP INTERVIEWS, AS WELL AS THE PUBLIC HEALTH DATA AND STATISTICS THESE DATA INDICATED THAT THE GREATER LOWELL AREA SAW A DOUBLING OF THE RATE OF MENTAL HEALTH HOSPITALIZATIONS BETWEEN 1989 AND 2006 IN ADDITION, LOWELL HAS SEEN INCREASES IN PROBLEMATIC ALCOHOL CONSUMPTION AND OPIATE-RELATED MORTALITY THE EXPERIENCE IN THE LOWELL AREA WAS ALSO COMPARED, AS APPROPRIATE, WITH THE STATEWIDE EXPERIENCE IN SO DOING, WE FOUND THAT THE USE OF EMERGENCY DEPARTMENT SERVICES IN LOWELL IS 39% HIGHER THAN THE STATE AVERAGE IN MOST RECENT DATA AVAILABLE, 2002 THROUGH 2005 WHEN RELIABLE INFORMATION WAS AVAILABLE, WE ADDITIONALLY EXAMINED THE COMPARATIVE EXPERIENCE OF DIFFERENT DEMOGRAPHIC SUBGROUPS THE MORTALITY RATE AMONG ASIAN-AMERICANS IN THE GREATER LOWELL AREA, FOR EXAMPLE, WAS NEARLY TWICE AS HIGH AS THE MASSACHUSETTS AVERAGE FOR THIS GROUP IN ADDITION TO PROVIDING SUPPLEMENTAL INFORMATION ON HEALTHCARE CONCERNS VOICED BY VARIOUS STUDY RESPONDENTS, THE DATA ANALYSIS ALSO INDICATED OTHER IMPORTANT FINDINGS, MOST IMPORTANTLY, THAT THE PROPORTION OF INDIVIDUALS IN LOWELL WITHOUT HEALTH INSURANCE INCREASED SUBSTANTIALLY BETWEEN 2000 AND 2008

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE LOWELL GENERAL HOSPITAL PART V, SECTION B, LINE 6B	LOWELL GENERAL HOSPITAL CONDUCTED THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT WITH RESEARCHERS AND STUDENTS OF UNIVERSITY OF MASSACHUSETTS LOWELL (UML) AND THE GREATER LOWELL HEALTH ALLIANCE (GLHA)
THE LOWELL GENERAL HOSPITAL PART V, SECTION B, LINE 11	THE TOP HEALTH PROBLEMS THAT WERE IDENTIFIED IN THE FOCUS GROUPS AND INTERVIEWS AND SUPPORTED BY PUBLIC HEALTH DATA INCLUDE MENTAL HEALTH, DIABETES, SUBSTANCE ABUSE AND ADDICTION, HYPERTENSION, OBESITY, AND ASTHMA AND RESPIRATORY DISEASE THE HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN THE LATEST COMMUNITY HEALTH NEEDS ASSESSMENT BY INCORPORATING THESE INTO THE ORGANIZATION'S ANNUAL COMMUNITY BENEFIT PLAN THE COMMUNITY BENEFIT PLAN IS AN ACTION PLAN DEVELOPED ANNUALLY BY HOSPITAL LEADERS TO ADDRESS PRIORITY HEALTH NEEDS WITHIN THE GREATER LOWELL REGION LOWELL GENERAL HOSPITAL AND THE GREATER LOWELL HEALTH ALLIANCE ARE COMMITTED TO A COLLABORATIVE APPROACH INVOLVING OTHER COMMUNITY STAKEHOLDERS WITH THE GOAL TO IDENTIFY TOP PRIORITIES AND FORMULATE ACTION STEPS THAT WILL IMPROVE THE AREA HEALTHCARE SYSTEM AND OVERALL COMMUNITY HEALTH THE MAJOR WEAKNESSES IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDE MENTAL AND BEHAVIORAL HEALTH NEEDS THAT ARE NOT BEING MET, LACK OF SUBSTANCE ABUSE RESOURCES, DIFFICULT AND/OR LACK OF ACCESS TO CARE FOR MANY LOWELL AND GREATER LOWELL RESIDENTS, NEED FOR ADDITIONAL INTERPRETATION AND TRANSLATION SERVICES, LACK OF CASE MANAGEMENT SERVICES AND HEALTH NAVIGATORS, LACK OF COMMUNICATION BETWEEN EMERGENCY CARE AND PCPS, PERCEPTION OF FRAGMENTED CARE, LACK OF OUTREACH TO VULNERABLE POPULATIONS, AND LACK OF HEALTH EDUCATION

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE LOWELL GENERAL HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHOSE HOUSEHOLD INCOME EXCEEDS 400% OF THE FEDERAL POVERTY GUIDELINES AND WHO MEET HEALTH SAFETY NET INCOME CRITERIA FOR MEDICAL HARDSHIP AND HAVE BALANCES (AFTER FREE CARE) OF \$10,000 OR MORE SPECIFICALLY, THESE PATIENTS MAY (1) BE ELIGIBLE FOR MEDICAL HARDSHIP ASSISTANCE UNDER THE HEALTH SAFETY NET BUT HAVE PATIENT CONTRIBUTION REQUIREMENTS GREATER THAN \$10,000 OR (2) MEET THE MEDICAL HARDSHIP INCOME CRITERIA, BUT ARE INELIGIBLE FOR FREE CARE BECAUSE THE SERVICES RECEIVED ARE NOT HOSPITAL-LICENSED SERVICES IN SUCH CIRCUMSTANCES (I)FINANCIAL ASSISTANCE WILL BE DETERMINED AFTER A REVIEW OF ALL FINANCIAL INFORMATION AND CIRCUMSTANCES (II)FINANCIAL ASSISTANCE WILL GENERALLY REDUCE AN OUTSTANDING BALANCE TO 15% OF ANNUAL INCOME ABSENT SIGNIFICANT ASSETS (III)FINANCIAL ASSISTANCE UP TO 100% WILL BE CONSIDERED BASED ON THE PATIENT'S PARTICULAR MEDICAL AND FINANCIAL CIRCUMSTANCES AND MUST BE APPROVED BY THE LOWELL GENERAL HOSPITAL VICE PRESIDENT OF REVENUE OR VP FINANCE/CFO OR HIS/HER DESIGNEE



Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
1 1 - LGH - OFFICE SPACE OFF-SITE 10 RESEARCH PLACE CHELMSFORD, MA 01824	SURGICAL DAY CARE, MD OFFICES, LAB & X-RAY
1 2 - LGH - OFFICE SPACE OFF-SITE 4 MEETINGHOUSE RD 13 CHELMSFORD, MA 01824	XRAY PROCEDURES
2 3 - LGH - OFFICE SPACE OFF-SITE 1 MEETINGHOUSE RD 5 CHELMSFORD, MA 01854	ANTICOAGULATION MANAGEMENT SERVICES (05/11)
3 4 - LGH - OFFICE SPACE OFF-SITE 20 RESEARCH PLACE STE 100 CHELMSFORD, MA 01824	PATIENT AMBASSADOR & LAB OFFICE SPACE
4 5 - LGH - OFFICE SPACE OFF-SITE 20 RESEARCH PLACE 310 CHELMSFORD, MA 01824	PATIENT AMBASSADOR & LAB OFFICE SPACE
5 6 - LGH - OFFICE SPACE OFF-SITE 14 RESEARCH PLACE CHELMSFORD, MA 01824	LAB OFFICE SPACE
6 7 - LGH - OFFICE SPACE OFF-SITE 203 TURNPIKE RD NORTH ANDOVER, MA 01845	PROVIDE SERVICES TO THE PUBLIC
7 8 - LGH - OFFICE SPACE OFF-SITE 2337 VILLAGE SQUARE CHELMSFORD, MA 01854	PROVIDE BLOOD DRAWING SERVICES
8 9 - LGH - OFFICE SPACE OFF-SITE 600 CLARK RD TEWKSBURY, MA 01876	PROVIDE BLOOD DRAWING AND RADIOLOGY SERVICES
9 10 - LGH - OFFICE SPACE OFF-SITE ONE MEETING HOUSE RD CHELMSFORD, MA 01854	PROVIDE BLOOD DRAWING SERVICES
10 11 - LGH - OFFICE SPACE OFF-SITE 1230 BRIDGE ST LOWELL, MA 01854	PROVIDE SERVICES TO THE PUBLIC IN NEED OF IMMEDIATE MEDICAL CARE
11 12 - LGH - OFFICE SPACE OFF-SITE 847 ROGERS ST LOWELL, MA 01854	PROVIDE DIALYSIS SERVICES
12 13 - LGH - OFFICE SPACE OFF-SITE 2-4 MEETING HOUSE RD 17 18 CHELMSFORD, MA 01824	PATIENT AMBASSADOR & LAB OFFICE SPACE
13 14 - LGH - OFFICE SPACE OFF-SITE 161 JACKSON ST LOWELL, MA 01852	LAB OFFICE SPACE
14 15 - LGH - OFFICE SPACE OFF-SITE 10 ADAMS ST CHELMSFORD, MA 01824	LAB OFFICE SPACE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - LGH - OFFICE SPACE OFF-SITE 43 VILLAGE SQUARE CHELMSFORD, MA 01824	REHABILITATION SERVICES
<b>1</b> 17 - LGH - OFFICE SPACE OFF-SITE 1595 BRIDGE STREET DRACUT, MA 01826	PROVIDE VARIOUS PATIENT SERVICES
<b>2</b> 18 - LGH - OFFICE SPACE OFF-SITE 1656 MAIN STREET TEWKSBURY, MA 01876	PROVIDE VARIOUS PATIENT SERVICES
<b>3</b> 19 - LGH - OFFICE SPACE OFF-SITE 198 LITTLETON ROAD WESTFORD, MA 01886	URGENT CARE AND PATEINT SERVICE CNTR

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LOWELL GENERAL HOSPITAL

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
04-2103590

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 30

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE LOWELL GENERAL HOSPITAL RESPONDS TO SPECIFIC REQUESTS FOR FUNDING TO LOCAL AGENCIES AND ORGANIZATIONS RELATED TO COMMUNITY BENEFIT EVENTS AND NEEDS THE HOSPITAL REQUIRES THAT THE ORGANIZATION STATE THE NATURE OF THEIR NEED PRIOR TO THEM MAKING THE CONTRIBUTION AND, IN THE CASE OF MAJOR DONATIONS AN ANNUAL REPORT IS REQUESTED WHICH DETAILS HOW SUCH DONATED FUNDS WERE SPENT

Additional Data

Software ID:  
Software Version:  
EIN: 04-2103590  
Name: THE LOWELL GENERAL HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER LOWELL INC 657 MIDDLESEX STREET LOWELL, MA 01851	04-2104396	501(C)(3)	10,750				SPONSOR VARIOUS EVENTS
CHELMSFORD POP WARNER FOOTBALL INC PO BOX 101 NORTH CHELMSFORD, MA 01863	52-1656310	501(C)(3)	5,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINMAYA MISSION BOSTON 1 UNION STREET ANDOVER, MA 01810	04-3491406	501(C)(3)	5,800				SPONSOR VARIOUS EVENTS
CIRCLE HOME INC 847 ROGERS STREET LOWELL, MA 01852	04-2103812	501(C)(3)	5,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LOWELL 375 MERRIMACK STREET LOWELL, MA 01852	04-6001396	GOV'T ENTITY	37,700				DONATION
CITY OF LOWELL WOMEN'S GOLF TOURNAMENT I 1 ROCK ROAD TYNGSBORO, MA 01879	04-3499399	GOV'T ENTITY	6,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
D'YOUVILLE SENIOR CARE 981 VARNUM AVENUE LOWELL, MA 01854	91-2055004	501(C)(3)	5,700				SPONSORSHIP
FRESH START FOOD GARDENS LLC 41 WEST STREET WESTFORD, MA 01886	81-1481646		6,000				DONATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INCORPORATED 220 WORTHERN STREET LOWELL, MA 01852	04-2104401	501(C)(3)	7,140				SPONSOR VARIOUS EVENTS
GR LOWELL CHAMBER COMMERCE 131 MERRIMACK STREET LOWELL, MA 01852	04-3258590	501(C)(3)	10,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LOWELL COMMUNITY FOUNDATION 100 MERRIMACK STREET LOWELL, MA 01852	04-3401997	501(C)(3)	5,500				SPONSOR VARIOUS EVENTS
GREATER LOWELL YMCA 35 YMCA DRIVE LOWELL, MA 01852	04-2104398	501(C)(3)	8,235				DONATION/SPONSOR VARIOUS EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MERRIMACK VALLEY CONVENTION & VISITORS BUREAU 40 FRENCH STREET LOWELL, MA 01852	04-3158302	501(C)(6)	10,000				SPONSORSHIP
HABITAT FOR HUMANITY OF GREATER LOWELL 124 MAIN STREET WESTFORD, MA 01886	04-3123186	501(C)(3)	6,000				SPONSOR VARIOUS EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMACULATE CONCEPTION CHURCH 3 FAYETTE STREET LOWELL, MA 01852	04-2106189	501(C)(3)	5,300				SPONSOR VARIOUS EVENTS
LOWELL FESTIVAL FOUNDATION PO BOX 217 LOWELL, MA 01852	04-2578293	501(C)(3)	6,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWELL HOUSE INC 555 MERRIMACK STREET LOWELL, MA 01854	23-7110106	501(C)(3)	13,720				DONATION/SPONSOR VARIOUS EVENTS
LOWELL SUMMER MUSIC SERIES 67 KIRK STREET LOWELL, MA 01852	04-2578293	501(C)(3)	30,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWELL SUN CHARITIES INC 491 DUTTON STREET SUITE 1 LOWELL, MA 01854	04-6004936	501(C)(3)	75,188				DONATION
MARCH OF DIMES FOUNDATION PO BOX 673667 MARIETTA, GA 30006	13-1846366	501(C)(3)	7,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER, MA 01845	04-2103731	GOV'T ENTITY	6,500				DONATION
MERRIMACK REPERTORY THEATRE 132 WARREN STREET LOWELL, MA 01852	04-2664784	501(C)(3)	35,000				DONATION/SPONSOR VARIOUS EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERRIMACK VALLEY FOOD BANK INC 735 BROADWAY STREET LOWELL, MA 01854	22-3241609	501(C)(3)	5,000				SPONSORSHIP
MIDDLESEX COMMUNITY COLLEGE FOUNDATION PO BOX 716 BEDFORD, MA 01730	04-2973384	501(C)(3)	10,000				SPONSORSHIP



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILL CITY GROWS INC PO BOX 7133 LOWELL, MA 01852	47-2096070	501(C)(3)	8,650				DONATION/SPONSOR VARIOUS EVENTS
PROJECT FIT AMERICA PO BOX 308 BOYES HOT SPRINGS, CA 95416	36-3730823	501(C)(3)	21,206				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT LEARN INC 8 KIRK STREET LOWELL, MA 01852	46-4885366	501(C)(3)	5,000				DONATION
THE LOWELL PLAN 600 SUFFOLK STREET SUITE 120 LOWELL, MA 01854	04-2693109	501(C)(3)	10,000				DONATION/SPONSOR VARIOUS EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEGAN HOUSE FOUNDATION 31 KIRK STREET LOWELL, MA 01852	47-3503719	501(C)(3)	6,500				SPONSOR VARIOUS EVENTS
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 231 BOSTON, MA 02111	04-3400617	501(C)(3)	11,300				DONATION/SPONSOR VARIOUS EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS LOWELL 225 FRANKLIN STREET FLOOR 33 BOSTON, MA 02110	04-3167352	501(C)(3)	7,000				DONATION/SPONSOR VARIOUS EVENTS
WILLIAM JAMES COLLEGE INC FREEDMAN CENTER NEWTON, MA 02459	04-2620216	501(C)(3)	5,000				DONATION

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization THE LOWELL GENERAL HOSPITAL	Employer identification number 04-2103590
---------------------------------------------------------	----------------------------------------------

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </div> <div> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?  <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?  <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> Yes	
	<b>4b</b> Yes	
	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> <b>a</b> The organization?  <b>b</b> Any related organization?                 </div> If "Yes," on line 5a or 5b, describe in Part III.	<b>5a</b>	No
	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> <b>a</b> The organization?  <b>b</b> Any related organization?                 </div> If "Yes," on line 6a or 6b, describe in Part III.	<b>6a</b>	No
	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b> Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

[illegible]

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE HOSPITAL HAS ENTERED INTO RESTRICTIVE ENDORSEMENT BONUS ARRANGEMENTS ("REBA'S") WITH THE FOLLOWING EMPLOYEES AS PART OF A RETIREMENT RETENTION PROGRAM. NORMAND DESCHENE - PRES. OF BOARD & CEO - THE LOWELL GENERAL HOSPITAL. JOSEPH WHITE - PRESIDENT - THE LOWELL GENERAL HOSPITAL. SUSAN GREEN - SENIOR VP & CFO & TREASURER - THE LOWELL GENERAL HOSPITAL. AMY HOEY - CHIEF OPERATING OFFICER - THE LOWELL GENERAL HOSPITAL. AMOUNTS PAID BY THE HOSPITAL UNDER THE ARRANGEMENT ARE REQUIRED TO BE REPAID TO THE HOSPITAL IF LENGTH OF SERVICE REQUIREMENTS ARE NOT MET. AMOUNTS PAID UNDER THE REBA ARRANGEMENTS ARE TREATED AS TAXABLE COMPENSATION IN THE YEAR PAID BY THE HOSPITAL. THIS ARRANGEMENT WAS APPROVED BY THE HOSPITAL'S COMPENSATION COMMITTEE AS DOCUMENTED IN THE COMMITTEE MINUTES. THE W-2 COMPENSATION REPORTED FOR MR. DESCHENE - PRES. OF BOARD & CEO - THE LOWELL GENERAL HOSPITAL ON FORM 990, SCHEDULE J, PART II, COLUMN B (III) INCLUDES \$450,000 PAID IN 2017 IN CONNECTION WITH THE REBA ARRANGEMENT. THE W-2 COMPENSATION REPORTED FOR MS. GREEN - SENIOR VP & CFO & TREASURER - THE LOWELL GENERAL HOSPITAL ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$207,352 PAID IN 2017 IN CONNECTION WITH THE REBA ARRANGEMENT. THE W-2 COMPENSATION REPORTED FOR MR. WHITE - PRESIDENT - THE LOWELL GENERAL HOSPITAL ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$446,384 PAID IN 2017 IN CONNECTION WITH THE REBA ARRANGEMENT. THE W-2 COMPENSATION REPORTED FOR MS. HOEY - CHIEF OPERATING OFFICER - THE LOWELL GENERAL HOSPITAL ON FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$188,501 PAID IN 2017 IN CONNECTION WITH THE REBA ARRANGEMENT. SOCIAL CLUB DUES ARE PROVIDED TO NORMAND DESCHENE, SUSAN GREEN, JOSEPH WHITE, AND AMY HOEY. SOCIAL CLUB DUES ARE TREATED AS TAXABLE COMPENSATION TO THE EXTENT CONSIDERED PERSONAL USEAGE.
PART I, LINES 4A-B	THE HOSPITAL HAS ENTERED INTO A SPLIT-DOLLAR LIFE INSURANCE AGREEMENT WITH NORMAND DESCHENE - PRESIDENT OF BOARD & CEO - THE LOWELL GENERAL HOSPITAL. PREMIUMS PAID IN CALENDAR 2017 WERE \$109,537. ALL PREMIUMS WILL BE REPAID TO THE HOSPITAL. NORMAND DESCHENE'S OTHER REPORTABLE COMPENSATION INCLUDES VESTED CONTRACTUAL BENEFITS FOR RETIREMENT EARNINGS IN THE AMOUNT OF \$1,109,860.
PART I, LINE 7	BONUSES ARE PAID AS INDICATED ON SCHEDULE J, PART II. BONUS PAID TO OFFICERS ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. OTHER BONUSES ARE APPROVED BY THE OFFICERS OF THE HOSPITAL.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 04-2103590  
**Name:** THE LOWELL GENERAL HOSPITAL

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SUSAN GREEN SENIOR VP & CFO & TREAS - THE LGH	(i)	319,869	53,774	174,671	3,710	12,408	564,432	0
	(ii)	137,087	23,046	74,859	1,590	5,318	241,900	0
1JOSEPH WHITE PRESIDENT - THE LGH	(i)	646,327	86,768	502,069	5,300	12,641	1,253,105	0
	(ii)	0	0	0	0	0	0	0
2WILLIAM WYMAN SR VP OF FINANCE/TREAS /ASST CLERK	(i)	255,205	20,962	2,604	5,300	12,595	296,666	0
	(ii)	0	0	0	0	0	0	0
3SABRINA GRANVILLE CHRO	(i)	183,047	25,619	14,320	3,180	10,636	236,802	0
	(ii)	122,031	17,079	9,547	2,120	7,090	157,867	0
4AMY HOEY CHIEF OPERATING OFFICER	(i)	395,042	63,022	225,265	5,300	17,726	706,355	0
	(ii)	0	0	0	0	0	0	0
5CECELIA LYNCH CNO	(i)	334,256	24,769	6,819	5,300	17,726	388,870	0
	(ii)	0	0	0	0	0	0	0
6GERALDINE VAUGHAN SVP OF NETWORK INTEGRATION	(i)	311,924	0	14,621	3,975	17,726	348,246	0
	(ii)	0	0	0	0	0	0	0
7MICHELLE DAVIS VP EXTERNAL AFFAIRS	(i)	109,866	9,594	850	2,650	8,829	131,789	0
	(ii)	109,866	9,594	850	2,650	8,829	131,789	0
8WENDY MITCHELL MEDICAL DIR COMMUNITY HOME	(i)	253,320	46,000	986	0	21,126	321,432	0
	(ii)	0	0	0	0	0	0	0
9EMILY YOUNG DIRECTOR OF HEALTHCARE OPS	(i)	174,193	75,249	522	0	18,353	268,317	0
	(ii)	0	0	0	0	0	0	0
10YISHIS REN CHIEF MEDICAL PHYSICIST	(i)	239,744	0	2,402	0	16,466	258,612	0
	(ii)	0	0	0	0	0	0	0
11RAMYA PRABHAKAR PHYSICIAN	(i)	272,704	0	744	0	21,835	295,283	0
	(ii)	0	0	0	0	0	0	0
12JAMES WOOLMAN DIRECTOR ACO PERFORMANCE MGMT	(i)	188,250	22,600	498	0	14,713	226,061	0
	(ii)	0	0	0	0	0	0	0
13NORMAND DESCHENE FMR PRES OF BOARD & CEO - THE LGH	(i)	0	0	0	0	0	0	0
	(ii)	858,336	151,167	1,745,106	5,300	12,641	2,772,550	0



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LOWELL GENERAL HOSPITAL

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
04-2103590

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS HEALTH AND ED FACILITIES AUTHORITY SERIES C	04-2456011	57586EXB2	09-29-2010	109,152,040	CONSTRUCTION OF NEW BUILDING, EQUIP ACQUISITIONS, PAY OFF COMMERCIAL DEBT		X		X		X
B MASS DEVELOPMENT FINANCE AGENCY SERIES E & F	04-3431814	000000000	09-27-2012	37,500,000	REFINANCE THE 1993 SERIES A MEHFA BONDS ISSUED BY SAINTS MEDICAL CENTER		X		X		X
C MASS DEVELOPMENT FINANCE AGENCY SERIES G	04-3431814	57583UVQ8	05-01-2013	65,688,217	NEW CAPITAL PROJECTS AND EQUIPMENT COSTS AND REFUND/TERMINATE SERIES D BONDS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	10,405,000		10,195,000					
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	109,975,336		37,500,000		65,689,334			
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .	7,292,496							
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	1,755,029		400,000		1,009,853			
8	Credit enhancement from proceeds . . . . .	92,469							
9	Working capital expenditures from proceeds . . . . .			1,350,928					
10	Capital expenditures from proceeds . . . . .	74,150,946		163,572		15,585,808			
11	Other spent proceeds . . . . .	26,684,396		35,585,500		49,093,673			
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2013		2013		2013			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X		X			
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X			

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	2 530 %		2 620 %		2 190 %			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	2 530 %		2 620 %		2 190 %			
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X			
<b>b</b> Exception to rebate? . . . . .		X		X		X		
<b>c</b> No rebate due? . . . . .	X		X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X		X			
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MASS HEALTH AND ED FACILITIES AUTHORITY SERIES C DATE THE REBATE COMPUTATION WAS PERFORMED 09/30/2017 ISSUER NAME MASS DEVELOPMENT FINANCE AGENCY SERIES E & F DATE THE REBATE COMPUTATION WAS PERFORMED 01/31/2014

Return Reference	Explanation
PART II	<p>MASS HEALTH AND ED FACILITIES AUTHORITY SERIES C LINE 3A TOTAL PROCEEDS OF ISSUE CONSISTS OF \$109,152,040 ORIGINAL PROCEEDS PLUS INVESTMENT INCOME OF \$823,296 FOR TOTAL OF \$109,975,336 LINE 5A CAPITALIZED INTEREST FROM PROCEEDS TOTALED \$7,292,496 LINE 11A OTHER SPENT PROCEEDS CONSISTING OF REPAYMENT OF PRIOR BONDS SERIES B BONDS OF \$11,042,852 PLUS \$10,357,512 OF CAPITALIZED INTEREST AND VARIOUS LOANS PAID OFF OF \$5,284,032 FOR TOTAL AMOUNT OF \$26,684,396</p> <p>MASS DEVELOPMENT FINANCE AGENCY SERIES E &amp; F LINE 10B ACQUISITION OF EQUIPMENT WITH RECOVERY PERIOD LESS THAN FIVE YEARS TOTALED \$163,572 LINE 11B OTHER SPENT PROCEEDS CONSISTED OF REPAYMENT OF PRIOR BONDS 1999 SERIES A BONDS TOTALING \$35,585,500 MASS DEVELOPMENT FINANCE AGENCY SERIES G LINE 3C TOTAL PROCEEDS OF ISSUE CONSISTS OF \$65,688,217 ORIGINAL PROCEEDS PLUS INVESTMENT INCOME OF \$1,117 FOR TOTAL OF \$65,689,334 LINE 11C OTHER SPENT PROCEEDS CONSISTED OF REPAYMENT OF PRIOR BONDS SERIES D BONDS OF \$47,025,000 AND SWAP TERMINATION PAYMENT OF \$2,068,673</p>

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As Filed Data -

DLN: 93493225003429

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization  
THE LOWELL GENERAL HOSPITAL

Employer identification number  
04-2103590

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art . . . . .				
2	Art—Historical treasures . . . . .				
3	Art—Fractional interests . . . . .				
4	Books and publications . . . . .				
5	Clothing and household goods . . . . .				
6	Cars and other vehicles . . . . .				
7	Boats and planes . . . . .				
8	Intellectual property . . . . .				
9	Securities—Publicly traded . . . . .	X	2	16,102	FMV
10	Securities—Closely held stock . . . . .				
11	Securities—Partnership, LLC, or trust interests . . . . .				
12	Securities—Miscellaneous . . . . .				
13	Qualified conservation contribution—Historic structures . . . . .				
14	Qualified conservation contribution—Other . . . . .				
15	Real estate—Residential . . . . .				
16	Real estate—Commercial . . . . .				
17	Real estate—Other . . . . .				
18	Collectibles . . . . .				
19	Food inventory . . . . .				
20	Drugs and medical supplies . . . . .				
21	Taxidermy . . . . .				
22	Historical artifacts . . . . .				
23	Scientific specimens . . . . .				
24	Archeological artifacts . . . . .				
25	Other ► ( FUNDRAISING EVENT ITEMS )	X	230	198,316	FMV
26	Other ► ( )				
27	Other ► ( )				
28	Other ► ( )				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				No
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Yes		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				No
b	If "Yes," describe in Part II				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2017)

**Part II** **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LOWELL GENERAL HOSPITAL

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

04-2103590

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE LOWELL GENERAL HOSPITAL IS CIRCLE HEALTH, INC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CIRCLE HEALTH, INC , AS SOLE MEMBER OF THE LOWELL GENERAL HOSPITAL, ELECTS THE MEMBERS OF THE HOSPITAL'S BOARD OF DIRECTORS



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CIRCLE HEALTH, INC APPROVES BUDGETS FOR THE LOWELL GENERAL HOSPITAL CIRCLE HEALTH, INC ALSO DETERMINES THE NUMBER OF LOWELL GENERAL HOSPITAL TRUSTEES AT AN ANNUAL MEETING CIRCL E HEALTH, INC MAY ALSO ELECT NEW TRUSTEES OR REMOVE TRUSTEES TO ACHIEVE THE NUMBER OF TRU STEES SO FIXED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>CBIZ MHM, LLC A PROFESSIONAL ACCOUNTING/TAX FIRM, WILL PREPARE THE ANNUAL FORM 990 IN ASSOCIATION WITH THE FINANCE DEPARTMENT OF THE LOWELL GENERAL HOSPITAL WHO WILL SUPPLY RELEVANT INFORMATION THE BOARD OF DIRECTORS WILL BE PROVIDED WITH A COMPLETED DRAFT OF THE FORM 990 PRIOR TO ITS FILING ALL MEMBERS OF THE BOARD OF DIRECTORS WILL BE INVITED TO REVIEW THE COMPLETED 990 IN ADVANCE OF THE FILING DEADLINE COPIES OF THE DRAFT FORM 990 WILL BE MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS, AS NEEDED, AND IN AN APPROPRIATE FORMAT (ELECTRONIC OR PAPER ) THE BOARD OF DIRECTORS WILL RECEIVE THE FINANCE COMMITTEE REPORT AND ITS RECOMMENDATIONS UPON THE FOR 990 AND WILL VOTE TO APPROVE IT FOR FILING THE FINALIZED FORM, AFTER COORRECTIONS AND MODIFICATIONS, IF ANY, WILL THEN BE SIGNED BY EITHER THE CEO OR CFO AND FILED AS REQUIRED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY ANY ACTUAL OR POTENTIAL CONFLICTS ARE FORWARDED TO THE COMPLIANCE COMMITTEE FOR CONSIDERATION IN THE EVENT OF AN ACTUAL OR POTENTIAL CONFLICT, THE CONFLICTED INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN DELIBERATIONS OR DECISIONS RELATING TO THE MATTER A COMPLIANCE COMMITTEE MEETING IS HELD EVERY OTHER MONTH TO ADDRESS CONCERNS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A THIRD PARTY CONSULTANT IS HIRED FOR AN INDEPENDENT ASSESSMENT OF APPROPRIATE SALARY RANGES FOR THE OFFICERS OF THE ORGANIZATION SUCH AS THE CEO, PRESIDENT, COO, AND CFO THIS ASSESSMENT IS REVIEWED BY THE COMPENSATION COMMITTEE AND A RECOMMENDATION IS GIVEN TO THE EXECUTIVE COMMITTEE ON SALARY INCREASES AND BONUSES

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE PROVIDED TO AND MADE AVAILABLE ON THE SECRETARY OF STATE WEBSITE AND MADE AVAILABLE UPON REQUEST ALONG WITH CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B , LINE 16A	THE LOWELL GENERAL HOSPITAL OWNS 16 67% INTEREST IN YANKEE ALLIANCE, LLC

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B , LINE 16B	THE ORGANIZATION ROUTINELY CONSULTS WITH INTERNAL AND OUTSIDE COUNSEL PRIOR TO ENTERING IN TO JOINT VENTURE ARRANGEMENTS THE ORGANIZATION IS CURRENTLY CONSIDERING IMPLEMENTATION OF WRITTEN POLICIES AND PROCEDURES TO EVALUATE PARTICIPATION OF JOINT VENTURE ARRANGEMENTS T O SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PROVISION FOR UNCOLLECTIBLE ACCOUNTS -16,207,311 CHANGE IN BENEFICIAL INTEREST IN PERPETU AL TRUSTS 46,886 TRANSFERS TO AFFILIATES -16,600,422 CONTRIBUTIONS TO NON-CONTROLLED AFF ILIATES -1,000,000



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LOWELL GENERAL HOSPITAL

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

04-2103590

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> HALLMARK HEALTH INVESTMENTS LLC 170 GOVERNORS AVE MEDFORD, MA 02155 02-0657666	INVESTMENT	MA	MELROSEWAKEFIELD HEALTHCARE INC	EXCLUDED				No			No	
<b>(2)</b> MONTVALE PETCT LLC 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660 27-0325022	CAT SCAN	DE	MELROSEWAKEFIELD HEALTHCARE INC	RELATED				No			No	
<b>(3)</b> CIRCLE HEALTH ALLIANCE LLC 295 VARNUM AVE LOWELL, MA 01854 80-0782682	ACCOUNTABLE CARE ORGANIZATION	MA	CIRCLE HEALTH INC	RELATED				No			No	
<b>(4)</b> SHIELDS-TUFTS MEDICAL CENTER IMAGING MANAGEMENT LLC 800 WASHINGTON STREET BOSTON, MA 02111 32-0558307	MEDICAL SERVICES (MRI)	MA	TUFTS MEDICAL CENTER INC	RELATED				No			No	
<b>(5)</b> MEDFORD LAWRENCE REAL ESTATE LLC 55 CHRISTYS DRIVE BROCKTON, MA 02301 32-0553759	MEDICAL OFFICE BUILDING	MA	MELROSEWAKEFIELD HEALTHCARE INC	RELATED				No			No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		<b>No</b>
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		<b>No</b>
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>Yes</b>	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	<b>Yes</b>	
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	<b>Yes</b>	
<b>f</b>	Dividends from related organization(s) . . . . .	<b>1f</b>		<b>No</b>
<b>g</b>	Sale of assets to related organization(s) . . . . .	<b>1g</b>		<b>No</b>
<b>h</b>	Purchase of assets from related organization(s) . . . . .	<b>1h</b>		<b>No</b>
<b>i</b>	Exchange of assets with related organization(s) . . . . .	<b>1i</b>		<b>No</b>
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	<b>Yes</b>	
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<b>Yes</b>	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	<b>Yes</b>	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		<b>No</b>
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		<b>No</b>
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>Yes</b>	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		<b>No</b>
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	<b>Yes</b>	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		<b>No</b>
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		<b>No</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:  
Software Version:  
EIN: 04-2103590  
Name: THE LOWELL GENERAL HOSPITAL

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
LGH MEDICAL GROUP LLC 295 VARNUM AVE LOWELL, MA 01854 20-5671277	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
LGH CANCERCARE ASSOCIATES LLC 295 VARNUM AVE LOWELL, MA 01854 04-3483462	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
LGH WOMANHEALTH LLC 295 VARNUM AVE LOWELL, MA 01854 26-2057970	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
LGH MERRIMACK VALLEY CARDIOLOGY ASSOCIATES LLC 295 VARNUM AVE LOWELL, MA 01854 45-2014433	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
CIRCLE HEALTH URGENT CARE LLC 295 VARNUM AVE LOWELL, MA 01854 47-1122896	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
LGH PROFESSIONAL SERVICES LLC 295 VARNUM AVE LOWELL, MA 01854 61-1844933	MEDICAL SERVICES	MA	0	0	CIRCLE HEALTH PHYSICIANS INC
WELLFORCE CARE PLAN LLC 800 DISTRICT AVE BURLINGTON, MA 01803 00-1274839	ACO	MA	-67,011	4,472,271	WELLFORCE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
170 GOVERNORS AVE MEDFORD, MA 02155 04-2767880	HOSPITAL	MA	501(C)(3)	LINE 3	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 04-3140938	MD OFFICES	MA	501(C)(3)	LINE 10	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 04-2938772	LONG-TERM CARE	MA	501(C)(3)	LINE 12B, II	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 04-3012616	LONG-TERM CARE	MA	501(C)(3)	LINE 10	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
178 SAVIN ST SUITE 300 MALDEN, MA 02148 04-2437064	VISITING NURSE	MA	501(C)(3)	LINE 10	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 22-2580542	PROPERTY	MA	501(C)(3)	LINE 12B, II	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	Yes	
170 GOVERNORS AVE MEDFORD, MA 02155 04-2103587	PARENT	MA	501(C)(3)	LINE 12A, I	WELLFORCE INC	Yes	
295 VARNUM AVENUE LOWELL, MA 01854 04-2103590	HEALTH CARE	MA	501(C)(3)	LINE 3	CIRCLE HEALTH INC	Yes	
295 VARNUM AVENUE LOWELL, MA 01854 27-3902914	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	CIRCLE HEALTH INC	Yes	
ONE HOSPITAL DRIVE LOWELL, MA 01852 04-3190747	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	CIRCLE HEALTH PHYSICIANS INC	Yes	
295 VARNUM AVENUE LOWELL, MA 01854 22-2579798	PARENT/SUPPORTING ORGANIZATION	MA	501(C)(3)	LINE 12B, II	WELLFORCE INC	Yes	
1600 DISTRICT AVE SUITE 125 BURLINGTON, MA 01803 45-2250732	PARENT/SUPPORTING ORGANIZATION	MA	501(C)(3)	LINE 12A, I	N/A		No
847 ROGERS STREET SUITE 201 LOWELL, MA 01852 37-1836433	HOME CARE SERVICES	MA	501(C)(3)	LINE 10	CIRCLE HOME INC	Yes	
847 ROGERS STREET SUITE 201 LOWELL, MA 01852 04-2103812	HOME CARE SERVICES	MA	501(C)(3)	LINE 10	CIRCLE HEALTH INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-2810022	FUNDRAISING, ADMIN PLANNING & OTHER ACTIVITIES	MA	501(C)(3)	LINE 12B, II	WELLFORCE INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3400617	HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-2772654	ACQUIRING REAL PROPERTY	MA	501(C)(3)	LINE 12B, II	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-2912578	PEDIATRIC LONG-TERM CARE FACILITY	MA	501(C)(3)	LINE 3	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3040427	MEDICAL PROGRAMS & SERVICES	MA	501(C)(3)	LINE 12B, II	TUFTS MEDICAL CENTER PARENT INC	Yes	
325 WOOD RD SUITE 210 BRAINTREE, MA 02184 80-0824142	ACO	MA	501(C)(3)	LINE 7	NEW ENGLAND QUALITY CARE ALLIANCE INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
325 WOOD RD SUITE 210 BRAINTREE, MA 02184 47-3046563	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PARENT INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3265628	CHARITABLE	MA	501(C)(3)	LINE 7	TUFTS MEDICAL CENTER PARENT INC	Yes	
99 LINCOLN STREET FRAMINGHAM, MA 01702 03-0390670	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3418395	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148397	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148384	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148385	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148392	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 20-5129051	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148381	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148393	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148394	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148387	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148388	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148389	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148378	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148376	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3148379	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-3096445	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	
800 WASHINGTON STREET BOSTON, MA 02111 04-2743894	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	



**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
800 WASHINGTON STREET BOSTON, MA 02111 04-3044706	ADMIN	MA	501(C)(3)	LINE 12B, II	TUFTS MEDICAL CENTER PARENT INC	Yes	
295 VARNUM AVENUE LOWELL, MA 01854 22-3459303	SUPPORTING ORGANIZATION	MA	501(C)(3)	LINE 12A, I	N/A		No
800 WASHINGTON STREET BOSTON, MA 02111 82-3315703	MEDICAL SERVICES	MA	501(C)(3)	LINE 10	TUFTS MEDICAL CENTER PHYSICIANS ORG INC	Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
LGH MEDICAL SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 26-1889904	MEDICAL SERVICES	MA	LGH SERVICES INC	C				Yes	
LGH SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2854673	MEDICAL SERVICES	MA	CIRCLE HEALTH INC	C				Yes	
LGH MANAGEMENT SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-2919244	MEDICAL SERVICES	MA	LGH SERVICES INC	C				Yes	
LGH MEDICAL BUILDING SERVICES INC 295 VARNUM AVENUE LOWELL, MA 01854 04-3058954	MEDICAL OFFICE BUILDING	MA	LGH SERVICES INC	C				Yes	
CHARITABLE REMAINDER TRUSTS (5)	INVESTMENTS	MA	THE LOWELL GENERAL HOSPITAL	T			100 000 %	Yes	
HALLMARK HEALTH ENTERPRISES INC 585 LEBANON STREET MELROSE, MA 02176 04-2475660	OTHER HEALTH SERVICES	MA	MELROSEWAKEFIELD HEALTHCARE PARENT CORPORATION	C				Yes	
LAWRENCE MELROSE MEDICAL ELECTRONICS RECORD INC 170 GOVERNORS AVE MEDFORD, MA 02155 42-1685777	ELECTRONIC MEDICAL RECORDS	MA	MELROSEWAKEFIELD HEALTHCARE INC	C					No
HALLMARK HEALTH PHO INC 170 GOVERNORS AVE MEDFORD, MA 02155 46-1134759	PHYSICIAN HOSPITAL ORGANIZATION	MA	MELROSEWAKEFIELD HEALTHCARE INC	C					No
TUFTS MEDICAL CENTER INDEMNITY CO LTD 800 WASHINGTON STREET BOSTON, MA 02111 98-0444573	CAPTIVE INSURANCE	CJ	TUFTS MEDICAL CENTER INC	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LGH MEDICAL BUILDING SERVICE INC	J	1,985,353	BOOK VALUE
LGH MEDICAL GROUP INC	K	881,519	BOOK VALUE
CIRCLE HEALTH PHYSICIANS INC	E	4,141,697	BOOK VALUE
CIRCLE HEALTH PHYSICIANS INC	D	7,414,024	BOOK VALUE
LGH MEDICAL BUILDING SERVICE INC	D	1,359,957	BOOK VALUE
CIRCLE HEALTH INC	D	443,085	BOOK VALUE
CIRCLE HOME INC	D	495,737	BOOK VALUE
CNS NURSING HOME CARE INC	D	89,337	BOOK VALUE
CIRCLE HOME INC	Q	780,165	BOOK VALUE
CNS NURSING HOME CARE INC	Q	90,863	BOOK VALUE
WELLFORCE INC	D	425,283	BOOK VALUE
TUFTS MEDICAL CENTER PHYSICIANS ORG	D	98,883	BOOK VALUE
TUFTS MEDICAL CENTER PHYSICIANS ORG	E	892,600	BOOK VALUE
NEW ENGLAND QUALITY CARE ALLIANCE	E	72,000	BOOK VALUE
MELROSEWAKEFIELD HEALTHCARE	D	252,546	BOOK VALUE
WELLFORCE CARE PLAN LLC	D	395,314	BOOK VALUE
TUFTS MEDICAL CENTER INC	D	3,409,569	BOOK VALUE